PPW 145/2/7.1b 1922/1924

7.1b

1922 24

BIENNIUM REPORT

June 1, 1922 to June 1, 1924

ALLENTOWN STATE HOSPITAL

ALLENTOWN, PA.

To the

DEPARTMENT OF WELFARE

HARRISBURG, PA.

The Department of Welfare,
Commonwealth of Pennsylvania,
Ellen C. Potter, M.D., Secretary.

Re: Report - Biennium 1922 - 1924

We herewith respectfully submit the Biennial Report of the Allentown State Hospital covering the period from June 1, 1922 to May 31, 1924; as to the general operations, concerning the condition, management and the financial transactions of the hospital.

The Tenth Anniversary of the opening of the hospital for the reception of patients was October 3, 1922. We trust it will not be amiss to summarize and enumerate the work accomplished within this period, as an introduction to this report.

A State Hospital for the care and treatment of Mental Patients, as we know it today, has two functions. It is with considerable satisfaction that the hospital has advanced to a point where it is fulfilling these. The first, for which it was originally established, - was observation, research, care and treatment of mental patients. In its organization and growth since the opening, and particularly in the construction of new buildings, a definite purpose has been kept in mind, viz., fulfilling the object for which it was primarily intended, the restoration of patients entrusted to its care to normal mental health. Its second, as a part of the general scheme for Community Service, was the prevention of mental disorders through public education upon the subject of Mental Hygiene, for the holding of Mental Clinics and a teaching institution. It is our opinion that hospitals for Mental Diseases, just as much as General Hospitals, must have a definite relation to the community or the territory they serve. In order that a hospital may be truly such it must stand for a definite purpose and must be so constructed and organized that it will best fulfill the object for which it was intended.

The first biennial report of this hospital outlined the foundation for the future development and expansion along modern scientific lines, that "From the standpoint of hospital grouping, the mentally sick in public institutions should be classified under three main divisions." A very satisfactory beginning has been made in this direction. Under the first and most essential group, the acute and curable, for whom strictly hospital care is essential, we have a very good beginning in the establishment of a Psychiatric or Reception Unit. Our first building of this unit caring for one sex, women, has been in operation since October 1916. The internal arrangement was described in our second biennial report. It has met our expectations and proven decidedly beneficial not only as far as hospital classification is concerned, but above all, in the care and treatment of the individual patient. The 1921 session of

Legislature granted an appropriation of $90,000.00 for the erection and construction of a second building. This has been built with some improvements and when furnished and equipped will provide accommodations also for men patients. A Psychiatric Unit to be complete, requires a Convalescent building for both sexes and a Clinico-Pathological Laboratory building. More specific statements will be made regarding these under our heading "The Future Policy of the Institution." The second group, the prolonged cases who require strict supervision and care for the protection of themselves and the public, are provided for in the original block-plan building which serves this purpose better than was originally anticipated. The third group, prolonged cases,- but able-bodied, harmless patients designated as the "Colony" Group, who are either competent or may be taught to do some useful work to aid in their support, are allowed a larger liberty and placed in surroundings more home-like than would be advisable for the first two classes. A very good beginning to this end has been accomplished. The introduction in this direction was brought about when the so-called "Geisinger" Farm was leased for one year from the City of Allentown. Even with the late beginning, viz., occupying the farm April 30, 1917, and a hurried organization with three employees from the regular service and six patients - later this number was doubled the undertaking proved successful, although late in putting out crops and with a soil that had been depleted and was overrun with weeds. We closed the year's lease with a balance to the credit side of the ledger, after paying a year's rental of $700.00

The 1919 session of Legislature granted a Special Appropriation for the purchase of farm-land for agricultural Colony. A careful study was made of farm-land within reasonable distance from the hospital. After due consideration of the various farms it was finally decided to purchase a farm costing $22,000.00, in the historic Irish-Presbyterian section of Allen Township, Northampton County, known as Weaversville. The first farm purchased consisted of 140 acres including 10 acre wood-lot, and was known as the "Horner" farm. This is now designated as "State Farm Colony No. 1" and is located seven miles north of the institution. The house on this farm was particularly well adapted for the housing of patients; with a few alterations it was made to accommodate 18 beds for men patients in addition to providing housing for the care-takers. A second farm adjoining this property, consisting of 121 acres, was purchased out of an appropriation granted in 1919; this accommodates 8 beds for men patients in addition to the care-takers and is designated as "State Farm Colony No. 2."

Within this time, $2,954,601.16 was expended for maintenance, care and treatment of patients. The various sessions of Legislature appropriated for New Buildings and Improvements within this ten year period, the sum of $640,661.00. From these available Special Appropriations there were erected: 2 Buildings covering our present Psychiatric Reception Unit; 1 Home for Women Nurses; 1 Home for Men Attendants; 2 Pavilions for Tubercular Patients; 1 Isolation Cottage for Contagious Diseases; Combination Building for Nurses Dining Room and Employees' Quarters; 1 Garage; there has also been erected a complete centralized general Farm Unit of

eight structures, and a Double Dwelling for Farm Manager and Employees; A Tramway was constructed to deliver coal from the Central Railroad of New Jersey siding to the power house; a poultry plant was added; A Sewage Treatment Plant was completed and placed in successful operation. The Farms and Farm Buildings mentioned as Farm Colonies 1 and 2 were also purchased out of this total appropriation.

In addition to the foregoing much work has been done in the improvement of the grounds particularly in front of the main building,- by cutting and filling, the construction of roads and walks, and the planting of trees, shrubbery and flowers. At the time of the opening of the institution the grounds were in their unfinished state with no provision for walks or roads.

The policy of the Trustees and officers in charge of the affairs and management of the hospital has been upon a progressive and constructive basis from the viewpoint of efficiency and economy, the general development of the institution, that of repairs and upkeep, and above all, the matter of care and treatment of patients. This method was established at the opening of the hospital ten years ago and will be as consistently adhered to in the future as in the past. It has been gratifying to have had within this period a Board of Trustees who were a united body with out dissensions and only two changes occurring,- these by deaths.

Within this ten year period there were 4064 patients admitted; of this number only 218 were readmissions. The number discharged under various conditions were 2710, in accordance with the following summary:

502	Recovered;	242 Men and 260 Women
619	Improved;	323 Men and 296 Women
184	Unimproved;	87 Men and 97 Women
1243	Deaths;	681 Men and 562 Women

Of the Deaths the following groups stand out:

Senile Psychosis	233	100 Men and 133 Women
General Paralysis	237	179 Men and 58 Women
Arteriosclerosis	175	90 Men and 85 Women
Tuberculosis	228	87 Men and 141 Women
All other deaths	370	

COMMUNITY SERVICE

It has been our policy that the hospital have a definite relation to the community or territory it serves. To do this in the largest measure possible it should be an institution for teaching. As such it need not necessarily be associated with a Medical School, but it should be available for clinical teaching of the community physicians or those from the districts from which it draws its patients. It should be a community centre from which information relative to the preservation of Mental Health may be given to the citizens who are supposed to be benefitted by the hospital. It should also be a place for a Training School for Nurses conducted upon a reciprocity basis with a General Hospital.

The institution being located in a thriving industrial section with educational advantages, has established the principle of granting free access especially to physicians, college professors, teachers and students the same as to a General Hospital. This should be the foundation of every hospital organization, and is definitely applicable to Hospitals for Mental Patients.

The first activity of this institution was its connection with Hahnemann Medical College and Hospital of Philadelphia as a teaching hospital for Senior Medical Students and Interns. The second, the holding of Mental Clinics for the medical profession of the Lehigh Valley from which the bulk of our patients are admitted. Third, the establishment of Mental Clinics in adjacent cities of Easton, Allentown, Bethlehem, Stroudsburg and Palmerton. Fourth, its association with the Lehigh University of Bethlehem, Pa., through its Professor of Psychology who for the past eight years has brought his classes to ~~the hospital for lectures and~~ clinics; the latter scope has been enlarged by association with the University Extension Summer School Course for Teachers. The hospital has also given similar privileges to Muhlenberg College of Allentown, for its students and teachers; to Lafayette College of Easton; the Moravian College and Seminary, Bethlehem, the Kutztown State Normal School; and the Allentown and Hellertown High Schools. This work has materially increased from year to year and particularly so within this biennium. The Hahnemann Medical College students come to Allentown for one week, taking up their headquarters in the city. The morning is given to bedside clinical work, followed by lectures covering the psychosis upon which a clinic is held, this lasting fully two hours during the afternoon. The classes from Lehigh University and the Colleges enumerated have materially increased; Muhlenberg College with its Extension Course for Teachers, brought as high as three hundred to the hospital for lectures and clinical work, these being conducted by Dr. H. F. Hoffman, the Assistant Superintendent.

Invitations were extended the members of the Lehigh, Northampton and Bucks Counties' Medical Societies and that of the Lehigh Valley Homoeopathic Medical Society, for an Annual Inspection of the Hospital and each time followed by a Clinic; the subjects of the latter being as follows:

October 20, 1922:
"Clinics and Social Service in a Program for Mental Health"
William C. Sadly, M. D.
Director, Bureau Mental Health
Department of Welfare.
"Presentation of Out-Patient Clinic Cases"
Henry I. Klopp, M. D.
"Presentation of Clinic Cases subsequently committed."
Harry F. Hoffman, M. D.

November 9, 1922: Symposium: "Intra and Extramural Treatment of Mental Disease."

"Management and Treatment of Mental Patients"
Henry I. Klopp, M. D.
"Psychotherapy: Physiotherapy"
Harry F. Hoffman, M. D.
"Hydrotherapy"
Albert H. Duper, M. D.
"Medicinal Treatment"
D. F. Rankin, M. D.
"Treatment of Syphilis when Meningitis and Coexisting"
Annie E. Wreese, M. D.
"Occupational Therapy"
Miss Louise M. Walter, Director.
"Physical and Diversional Therapy" Miss Helen M. Green, Director.
(Calisthenics Demonstration)
"Social Work with Mental Cases"
Mrs. Florence M. Goldman, Director.
"Music as a Mental Hospital Activity" Willem Van de Wall, Director.

Delegates of the Health Section of the League of Nations were honored guests at this clinic.

MENTAL CLINICS

The widened scope of Neuropsychiatry finds the hospital Medical Staff engaged in activities beyond the institution boundaries. Important as are our State Hospitals for cure and treatment of patients, extra-institutional activities cannot be minimized. In no better way than by community service can prophylaxis in mental diseases be promoted. Neuropsychiatric clinics are becoming more generally recognized as necessary and natural adjuncts to hospitals for mental diseases. This institution started its first clinic in the city of Easton, November 2, 1915; since then the following additional clinics have been organized: Allentown in March 1917 and Bethlehem in November, 1919. These clinics were originally started in connection with the various Charity Organizations such as the Social Service Leagues, Associated Charities and Family Welfare. During April, 1922, our clinics were reorganized and since then have been conducted in connection with the General Hospital dispensaries in the respective cities of Easton, at the Easton Hospital; Allentown, at Allentown Hospital; Bethlehem, at St. Luke's Hospital. In addition to the foregoing clinics, one

ensure a mental examination of every child retarded in school. It would not be necessary to make a mental examination of all the children, but particularly those who are two, three or more years retarded in their respective grades.

The type of children designated who cannot be taught in the regular school should be referred to "special" public school classes. These also serve as clearing-houses for the recognition of such children who are morally defective and anti-social, and who need permanent institutional care. To take full advantage of such classes and clinics, there must be an enlightened public, an enlightened school board, an enlightened principal and enlightened teachers. In a number of states the only provision for this class of children is furnished by state or semi-private institutional school for the feeble-minded; most of these have a large waiting list and many require court formality for admission. They provide care and protection for a limited number of idiots and imbeciles, for permanent segregation of defectives, for educational and industrial training of high-grade imbeciles and morons, and for life-long segregation of feeble-minded women with immoral tendencies. In states where there is not this general enlightenment referred to, there may nevertheless, here and there, be found school boards, principals and teachers who are or want to be enlightened.

TREATMENT

From a therapy standpoint, while as in the past the single indicated remedy is the "sheet-anchor", we have a general policy that anything ~~which will help restore our patients~~ to mental and physical health shall be applied in the treatment. In doing so, each case is considered individually; treatment is outlined following through physical, neurological and mental examination, in addition to laboratory findings; all these in conjunction with X-ray. Electrotherapy and Pathological Laboratories are essential. There has been close cooperation of the pathologist and medical clinicans in diagnosis and treatment. It is a requirement to include full urine analysis, blood Wasserman in each case, and examination of cerebro-spinal fluid; by this means the clinical is correlated with the laboratory findings and much information is obtained. It is the custom to make lumbar punctures only when they are indicated for mental diagnosis or in the course of anti-luetic treatment. In these cases we have observed much benefit by the withdrawal of spinal fluid in specific and suspected specific cases, as well as in greatly disturbed patients. In the majority of cases where the mental disease is due to Syphilis, we introduce an anti-specific treatment, not with the hope of cure - for they are usually past that possibility when they come to us - but to bring about a remission of symptoms so that many may be more comfortably cared for and in some instances for a period at least, enabled again to enjoy home life.

We give thought to the study of the endocrines and prescribing of the single glandular products upon the same basis as the single indicated remedy. We hope to check our therapy with blood and urine quantitative analyses before and after administration, in the hope of learning whether we are dealing with poly or mono-glandular dysfunction.

As already implied, we believe there is value in all therapy, as for example, hydrotherapy is an important adjunct in the treatment of our mental patients, - particularly in the form of continuous - (neutral baths) for cases of excitement, restlessness and agitation; and for tonic effect, alternating hot and cold Scotch douche, needle sprays and showers.

We have been paying considerable attention to physiotherapy. A degree of activity in this field has been carried on since 1913, and the acquisition of new equipment in 1920 stimulated interest. The following figures show the work done within the biennium ended May 31, 1924.

674 X-ray pictures
413 Dental films
489 Fluoroscopic examinations

Treatments:

199 X-ray
102 Leucodescent Light
56 Morse Wave (Sinusoidal)
1418 Ultra-Violet
150 High Frequency

It has been the policy of the Superintendent to encourage the individual members of the Medical Staff to take up a specialty in addition to Psychiatry and to give them opportunity to study and apply these specialties in the medical and surgical activities of the hospital. Whenever a physician is competent to do so he is permitted to do major surgery; one member of the staff has been given the specialty of diseases of the eye and refraction. With the number of changes and shortage on the Medical Staff it has not been possible to carry this out as fully as it is hoped to do when we have a full number. Great credit is due Dr. Harry F. Hoffman, the Assistant Superintendent for the accomplishment of the foregoing work. He is specializing in X-ray and electrotherapeutics; he has also been examining a number of our patients by means of the fluroscope, doing this at about the same time they are given their annual physical examinations,- in this way comparing the findings. It is our intention to do this with all cases as time permits. The routine physical chest examination is often unsatisfactory due to poor cooperation of the patient; in such the X-ray, either fluoroscopic or radiogram, or both, is of decided value. This procedure is a check on the accuracy of physical examinations made by various physicians.

We have developed considerable interest in ultra-violet treatment. By means of this form of energy wounds can be disinfected and injuries made to heal rapidly; various skin lesions react to the ultra-violet when other treatments have failed. We are also using this modality for the treatment of tuberculosis, but have not used it sufficiently to warrant any statement on this point.

Other than our single indicated remedy we do not have any particular pet therapy. Although as implied, we believe in the use of those mentioned as adjuncts to other therapies,- be they surgical, orificial or short-circuiting, or following focal infections. Nothing therefore is overlooked that can be accomplished, even by the work of a competent dental surgeon. Equipment for the latter has been completely replaced.

Two non-resident dentists, one assigned to men patients, the other to women, each gives two forenoons a week. A full-time Dental Hygienist was added to this department October 1, 1923. Her work is valuable not only in giving attention to the cleaning of teeth, treating pyorrhea and hygiene of the mouth, but in teaching patients to properly use the tooth brush. She will be able to cover all the patients at least twice annually. We are convinced that eventually we should have two Dental Hygienists, so as to give attention to each patient four times a year and oftener where necessary. This is particularly important with patients who cannot or will not use the tooth brush systematically.

PATHOLOGICAL LABORATORY

The Laboratory was organized during the latter end of 1921 under a competent Pathologist, Dr. Annie E. Freese, who found that for the department to functionate satisfactorily and profitably to the institution considerable new equipment would be necessary to supplement present stock and replace that outworn. Several large pieces of new apparatus were bought, viz., steam pressure sterilizer, hot air sterilizer, biological refrigerator, electric hot plate, apparatus for blood chemistry,- gas analysis, urea, kjeldahl, colorimeter, etc.; convenient work-tables were made in the institution's carpenter shop; an ample amount of supplies were secured, including the chemicals necessary for the new methods of blood chemistry. Several valuable new text books on Pathological subjects were bought and two good laboratory Journals were subscribed for. In brief, the laboratory was completely equipped to perform practically any modern test desired; however, a few pieces of apparatus for research work are still desirable.

Special features of the work included anti-luetic treatment of various kinds; Shick tests of a large number of patients and some employees, and immunization with T.A. mixture of those

giving strongly positive reactions; all the gynaecological examinations were supplemented by bacteriological examination of smears. A paper on the combined findings was presented before a Medical conference at Albany, N. Y. The Wasserman tests were run by two methods, trying out a new delicate ice box technic, and this method finally adopted routinely. On account of a small house epidemic of diphtheria, the nursing staff was immunized against diphtheria. A few small clinical research problems were undertaken, including intravenous injection of hypertonic salt solution to epileptics; distilled water intravenous therapy empirically; tubercle and gonococcus complement fixation tests; therapeutic spinal drainage, etc.

The laboratory unfortunately is located in the basement of the Administration Building. There is constant contention that this is a serious handicap to convenience, accuracy and comfort in working, as well as undesirable from the viewpoint of the health of the workers therein. Dr. Fresse, an able Pathologist,- and mentally flexible, who was not only interested in the laboratory end of the work, but also the clinical as well as the treatment of patients, resigned due to this fact. We are therefore urgently recommending a Special Appropriation for a Clinico-Pathological Laboratory to be located in connection with our Psychiatric Unit, and at the same time could be combined for clinical laboratory purposes. In this way suitable quarters would be secured for laboratory purposes where the maximum of light and air is obtainable.

SUMMARY OF LABORATORY WORK

Type of examination	June 1, 1922 to May 31, 1923	June 1, 1923 to May 31, 1924	Total June 1, 1922 to May 31, 1924
Autopsies	41	39	80
Animal inoculation	6	2	8
Blood counts	89	79	168
" cultures	6	6	12
" chemistry-sugar-	4	6	10
urea	2	4	6
creat-	2	3	5
chloride	2	2	4
Cerebro spinal fluid-rout.	103	33	136
" " gold sol	69	68	137
Cultures	178	68	246
Diptheria antitox. inject.	35	0	35
Gastric analyses	2	0	2
Gonococcus comp. fixation	0	270	270
Water injections	30	22	52
Lumbar punctures	177	244	421
Milk examinations	17	63	80
Sodium chlorid inject.	7	0	7
Stools	9	34	43
Sputum	76	82	158
Smears	254	418	672
Schick tests	0	540	540
Smears for malaria	3	6	9
T.A. injections (Series)	0	30	30
Treatments--salvarsan	222	124	346
" mercury	187	43	230
" monarsone	11	0	11
Tubercle fixation	34	318	352
Tissues	58	8	66
Urinalyses, routine	1521	1470	2991
Vaccines	22	4	26
Wassermanns,-blood	1120	1159	2279
" spinal fl.	134	127	261
Widals	4	21	25
Water examinations	2	4	6
Totals - - - - -	4417	5297	9,724

OCCUPATIONAL THERAPY

In addition to rest, food, fresh air, exercise and the prescribing of the indicated single remedy, hydrotherapy, physiotherapy and occupational therapy play an important part in the treatment of mental patients. The Occupational Therapy Department was organized in 1913 with one trained teacher; in 1921 we had a Director with two trained Aides and one attendant. This department has grown so that it now consists of 1 Director, 6 trained Aides, 2 Student Nurses, - all women; and 3 untrained Aides (Men Attendants).

As a result of the extreme shortage of student nurses beginning in 1917 and to the present time, we realized that our patients were not receiving the care and attention they deserved. We gradually added one trained aide after another until our present quota was reached during 1923. We recognized that the cost for trained occupational aides did not increase the total pay roll due to not having a full quota of nurses. We also noted there was a definite improvement not only in the general tone of our wards, but above all, in the patients themselves. It was impressed upon more and more that while we were giving every attention to the acute and curable, as well as to those who were readily amenable to treatment, but probably would never be recorded as restored, we were woefully neglecting those who came under the head of deteriorating types of patients, particularly those diagnosed as Dementia Praecox and of years standing, commonly designated as "back-ward" patients. On November 3, 1923 we engaged the services of another Aide who was assigned to this type of women. She can take care of an average of 20 to 25 patients; day space on the ward where these patients are cared for is utilized for this purpose. It has been interesting as well as instructive to see what can be accomplished. It is very apparent that they can be interested and by being occupied made happier, less turbulent, destructive and untidy; the work combines the formation of new habits. Some of these patients have been transferred to the more advanced group.

Combined with this we have introduced Kindergarten work for certain types of feeble-minded and more deteriorated cases in an attempt to reach those who lack ability to accomplish work of a material nature. This work consists of stringing beads, block work, building with letters and peg boards, cutting and pasting scrap books and enjoying looking at the pictures in magazines.

The department therefore has gradually grown so that we now have four Occupational Therapy rooms for the women and three for the men. In addition we have a ward-worker who provides occupation for those who are not disposed to go to these rooms. The average number of patients working for each year of the present biennium has been 60 men and 120 women.

The proceeds from sale of articles made by the patients from June 1, 1922 to May 31, 1924 was $4,[illegible]. This money is used only to purchase new materials. During this time 4022 articles were made for hospital use; also the following:

	Pieces
Wood work	2831
Embroidery	1706
Cord knotted	260
Baskets, reed and raffia	1585
Lamps, reed	24
Cradles, reed	10
Crochet - edges and insertions	588 yards
" wash cloths, etc.	397
Knitted	300
Sewing - carpet balls	1603
" night gown, dresses, aprons, etc.	2169
Weaving - rugs, table runners, scarfs, blankets, etc.	411

and miscellaneous Arts and Crafts too numerous to mention, yet which fill the needs for all types, - from raveling burlap for our deteriorated patients to bead loom work, tapestry and leather tooling for the A. grades.

In addition to this the Flower Gardens have proven a field of usefulness in this department, serving to interest the patients and to divert their minds; the tilling of a plot of ground and sowing seeds has a decided therapeutic value in that it takes the patient out-doors, gives exercise and stimulates individual interest in this work. This continues with the maturing of the plant, the budding and blossoming of the flowers, also supplying emotional satisfaction. During 1921 a Forest Nursery was added to this department with much benefit in attracting the interest of patients and serving as a diversional out-door occupation.

Once a month each group of patients in this department takes part in a social afternoon, playing games, discussing present-day current events, marching and singing and enjoying refreshments.

DIVERSIONAL ACTIVITIES.

In our second biennial report we called attention to the employment in January 1916 of a Woman Physical Director, a graduate of the Savage School of Physical Education and experienced in playground work and calisthenics, for teaching the various corrective gymnastic exercises and games and folk-dances to the women patients. At that time the work was conducted for one hour periods twice a week; this was later increased to two hour periods and the men patients were given like diversions. During 1920 a full time Director, also a graduate of the Savage School, was employed. The present

director is a graduate of Temple University, Department of physical education, Philadelphia. Since March 1924, a second Director, a graduate of Stroudsburg State Normal School, Department of physical education, was added to the department.

The scope of these activities has been enlarged particularly in the field of Music. In October 1923, through the efforts of Dr. William C. Sandy, Director of the Bureau of Mental Health, Department of Welfare, Mr. Willem Van de Wall, Director Committee for the Study of Music in Institutions of New York City was assigned to study and further the work of Musical Diversion among mental patients. As result of studies upon this subject, music has been combined with recreational activities such as marching, corrective gymnastics and drills, folk dances and games, as well as regular community-music meetings covering the entire group of patients suitable to go to the auditorium, special groups of patients, special rehearsals, performances, social parties, etc. as may be required.

Patients are divided into three groups: First, the highest group, showing full cooperation with satisfactory efficiency and participation; Second, the medium group, showing some degree of cooperation and efficiency in participation; Third, the lowest group, indifferent, less responsive, dull and untrained. These groups are of standard units of approximately thirty patients each; they are considered as divisions of the institutional-wide organization for demonstration of large group activities. The work is planned on a forty-five minute period as follows: marching 8 minutes, music 10 minutes, corrective gymnastics and drills 18 minutes, folk dances and games, 15 minutes. Groups are made up by the physicians in charge of the wards and revised weekly in cooperation with the Supervisors, Charge Nurses, Occupational Director and Aides and the Directors of Diversional activities; Occupational Therapy patients are a part of these Recreational Activities.

The program of forty-five minutes allows for flexibility; a part of the time can be devoted to special activity as seems adapted to the group; for one-half of the time, however, the schedule is expected to be rigidly adhered to. For special programs such as dramatic performances, special holiday occasions, field-day demonstrations, etc., the number of rehearsals is increased according to the needs and requirements of the production.

Occupation,- no matter what its nature, combined with diversional activities, retards mental deterioration, brings about stability, and patients remain at a higher mental level particularly in cases of schizophrenia.

Once a month a conference is held with the Superintendent and Medical Staff, Director of Nurses, Assistants and Supervisors, Occupational Director and Aides, and Directors of Diversional Activities.

Aside from the organized recreational activities, we also have moving pictures and weekly dances for the patients. The moving

picture entertainments have been made even more interesting by the introduction of community-singing from the screen between the reels. Music in all its forms, moving pictures and dances afford the larg-est measure of pleasure for group diversion.

As a part of this subject, a Report by Mr. William Wendle Wall, on Mus[illegible] and Associated Activities at this hospital from January 29, 1923 to June 1, 1924, is submitted:

"Introduction of this work.

At the Allentown State Hospital equal attention is paid to the physiological and the psychological treatment of mental diseases. In fact, any method promising relief and improvement to the men-tally afflicted is welcomed and given a fair trial.

As a result of this humanitarian and progressive policy I was honored with an early invitation from the Superintendent, Dr. Henry I. Klopp, to present in theory and practice a musical program for Mental Hospitals to the Allentown Medical and other interested authorities.

This happy contact was established through the courtesy of Dr. William C. Sandy, Director of the [illegible] Mental Health, Depart-ment of Welfare in co-operation with the [illegible]mittee for the Study of Music of New-York, of which organization the writer was [illegible] that time the field-director and is now a member.

In January 1923 the writer was permitted to demonst[illegible]hods on the wards of the Hospital and to present [illegible] special meeting theories and initial results [illegible] practice to a distinguished audience in th[illegible] Hospital.

The tenor of the address was a statem[illegible] on which a musical program for Kent[illegible] which the later musical activities [illegible] were built. It may be well the[illegible]

The mental patient is a visit[illegible] ties, not sufficiently funct[illegible]on mal individual.

Music is an energy-[illegible] the moral forces to incre[illegible] songs to be [illegible] possible, [illegible] ous interpretation.

Musical activiti[illegible] meetings on alternating [illegible]sic-session each fortnight as a part of [illegible] the hospital and two sessions port them in[illegible]ticipant. ing and act[illegible]

deterioration and produce contentment and joy, ~~there~~ where resignation is the only hope left for peace in affliction.

Music was no new sound echoing within the Hospital. As a decided hospital activity however it needed extension and co-ordination with other business carried on.

Music and associated activities.

The term Music and associated activities implies:

1. the practice of music itself in the form of:
   a. vocal and instrumental exercises and performances.
   b. technical education in sightreading and music appreciation.
2. those activities built on identical principles as the musical arts and needing music as an essential detail of their carrying into effect, as:
   a. certain forms of gymnastics
   b. dance, play and drama
   c. ceremonies, celebrations, socials, etc.
3. those activities dealing with the theories and instruction in the theories of aforementioned arts, having as aim the advancement of the understanding and application of music and associated activities for directly medicalle and mentally reconstructive purposes in:
   a. experiment and research
   b. lecturing and teaching
   c. demonstration.

The musical activities therefore not only dovetail but interrute more or less intimately with certain phases of the physical, mental, moral and social re-educational work accomplished at the Hospital.

Until developments and conditions warrant the appointment of an institutional musical director, several details of the work as outlined may be carried on by those members of the Hospital-staff who are more or less acquainted with music and whose official duties involve to some extent the utilization of music, such as those workers who are engaged for physical and social re-education.

Initial organization.

The most expedient set-up of musical activities proved in practice to be a simple beginning, utilizing facilities directly on hand. Hence, one weekly community song meeting of one hours duration was planned to take place in the auditorium. The aim was the building up of a program of simple folk- and popular songs to be sung and heard by the greatest number of patients possible.

Furthermore, it was decided ~~upon~~ to have 4 weekly song meetings on alternating wards. This schedule supplied one music-session each fortnight or 3 weeks for all the patients of the hospital and two sessions per week for every active participant.

Music then was introduced in every corner and nook of the hospital as an activity even for those patients, whose condition did not permit their leaving the wards.

Miss Helen Green, physical director of the hospital was given charge of these musical exercises in addition to her other duties.

2nd Extension of Musical Program

In line with the established policy of the promotion of music whenever possible, Mr. Horace Cooper, steward, and Mr. Albert Evans, supervisor of men's service, organized April 19, 1923, a Hospital Patients Band, which since its organization has functioned in all ceremonies and occasions and is the pride of the hospital. Much of its success is due to the unabated and faithful direction of Mr. Joseph Smith, musical director of Allentown, Pa., who 3 times a week devotes 3 hours to individual practice and 1 hour to group-work of this unique ensemble.

The 4th of July 1923 was officially celebrated by an institution wide out-of-doors party or picnic, in which the newly organized Hospital Patients Band and Community Chorus played a conspicuous part.

1st of November 1923, through the courtesy of the Committee for the study of Music in Institutions, co-operating with the Pennsylvania Department of Welfare, the writer was assigned to the Allentown State Hospital in conjunction with other duties for the Department elsewhere in the State, to act as adviser on musical and associated institutional activities then existing and to be organized in the future.

3rd Extension of Musical Program.

The number of meetings in which music was utilized was extended from 5 to 17 weekly, of which nine were held on the wards by the writer and 6 were organized as social parties under the leadership of the physical director and the writer.

Two meetings were held at the auditorium, of which one was a weekly Community Song Meeting and the second --- consisted of a Motion Picture Performance to which a song program was added.

The social parties were organized with the aim of reaching 3 types of patients:

1. the momentuous unsocial who might remain,
2. the wavering type, socially on the fence
3. the decidedly social type

by means of music, dances, recitations, individual contributions, games, conversations, debates and a minum quantum of refreshments. The purpose was to arouse their desire to participate in social entertainment and create thereby a sense of well being.

Music, and associated activities, was lectured upon by the writer to the students of the Nurses Training School as a helpful agent in Mental Nursing.

From January 1st 1924 on, writer held two weekly sessions on this subject with the Junior and Senior classes of which one session was devoted to the theory and 8 to its application on the wards.

The purpose of this course was;

To reach out to the nurse-in-training, to give her a deep and broad vision on her vocation, to make her acquainted with simple practical devices to interest the patients. To teach how to draw by this method on the normal, the positive powers of the patients with the understanding of the underlying psychology. To draw on eventual capabilities of the student and finally to discover and develop future specialists in this line. To promote the human interest in the patient as a part of the professional attention and foster more friendly and beneficial relations between nurses and nursed.

Special events.

Music and associated activities figured in the following events.

November
The visit of the Delegation of the Health Section of the League of Nations, which gave occasion for a Band and Chorus demonstration with Dr. Klopp and writer speaking on this subject.

December
A Christmas performance under the direction of the physical Director consisting of miscellaneous offerings of vocal and instrumental solo and group work, besides a short Christmas pageant presenting some dramatical elements.

February
The appearance of a sextet of instrumental and vocal patient performers before the Allentown Lions Club and speeches by that occasion on this and other subjects with a talk by writer on the economy of music in institution. A Pageant on Washington's Birthday, lead by the physical director, assisted by writer, enlisting the musical, choreographic and theatrical powers of approximately 60 of the patients. Costumes, sceneries and light effects utilized.

March
Participation of a chorus of the Nurses Training School in a musical religious service at St. Paul's Reformed Church at Allentown.

4th Extension of the Musical Program.

In March a re-organization and extension of the physical re-education and also of the musical program was necessitated by the Appointment of Miss Emma MacMahon of the Stroudsburg Normal School as additional physical director.
A new program was projected by the superintendent assisted by writer in which 66 weekly hours were allotted to the wards for a fixed program of gymnastics, play, song and dance, to which were added the weekly communal singing, the motion-picture meetings and the classes of the Nurses Training School the number of weekly hours in which music is utilized in the hospital service increased from 17 to 72.

Furthermore, the entire group of rhytmically expressionistic activities administratively annexed under a system of medical control, operating by a method of card-indexing and periodic staff conferences.

Special events in March

The training by writer of the Bethany Church Symphony Orchestra, by the voluntary co-operation of its members in a classical program for the Nurses Commencement to be held in May.

The examination of the Nurses Training School in the significance and practical application of Music and Associated Activities with the following results:

For Juniors was the highest mark 100, lowest 63, average 82.2%
For Seniors was the highest mark 100, lowest 57, average 79.%

April

A demonstration of recreational activities adapted to the needs of the Mental Hospital for the Conference on Municipal Recreation at Allentown under direction of Miss Emma MacMahon and writer, who also addressed the conference on the psychiatric aspects of recreational activities.

A Banquet and Minstrel show, celebrating the first anniversary of the Band under the direction of Miss Helen Green and Messrs. Joseph Smith, director of the band, and Mr. Albert Evans, supervisor of men's service.

May

Nurses Class-night, prepared with assistance of writer.

Nurses Commencement. The Bethany Church Symphony Orchestra and a chorus from the Nurses Training School gave a classical program.

A Florence Nightingale Memorial Service, in the Bethany Evangelical Church at Allentown, nurses and orchestra performing a musical program, Dr. Hunt the pastor, Dr. Klopp and writer speaking. Miss Williams, supervisor of Nurses made an address for Miss Murray, director of Nurses, who was prevented by illness.

Conclusion.

The many sided utilization of Music and Associated Activities for the sake of moral backing and re-education of mental hospital patients was the purpose of the initiation of such a program in the Allentown State Hospital. The growth of the work may be the test of its vitality and importance. Whatsoever has been accomplished in the period just described, the writer wishes most thankfully to attribute to the efforts and solid support of his musical co-workers, Miss Helen Green, Miss Emma MacMahon and Prof. Joseph Smith in particular and furthermore to the entire hospital staff headed by the Superintendent, for their generous and faithful co-operation.

Respectfully submitted.

William Van de Wall
Field Representative
Bureau of Mental Health
Department of Welfare
Commonwealth of

SOCIAL SERVICE

In October 1922, a Psychiatric Social Service department was organized in this hospital. The prime purpose was to make a systematic effort to rehabilitate the patient,- in other words, to get suitable patients out of the hospital and back to the community, so as to be able to relieve, in part at least, the crowding of the hospital; furthermore, releasing patients possibly earlier than otherwise and returning them to their respective communities under careful supervision, by investigating home conditions, possibilities for work and other phases of rehabilitation.

Nominally this hospital has a district of twelve (12) counties. It, however, has patients under its care from twenty counties. The area to be covered is therefore large; many patients come from remote and inaccessible regions. The majority are admitted from the counties of Lehigh, Northampton, Berks, Carbon, Monroe, Bucks and Lackawanna counties,- and the larger number from Northampton and Lehigh counties; the latter therefore in the organization of the work were favored with the major part of the social service activities. Northampton County averaged 47 on furlough; Lehigh, 45; the next highest being Berks, 19; Carbon 14 and Bucks 8; one of our remote counties, Bradford, having 12; the other counties ranged from 1 to 9. Patients residing in the cities of Allentown, Bethlehem and Easton also in some of the adjoining towns were reached by electric service; those in outlying rural districts away from trolley service of main streets of the villages were reached by auto.

Contact was also made with social agencies in the community from which the patients came or to which plans were being made to send them. In some ~~instances histories~~ were obtained from these agencies for diagnostic purposes. Under the Mental Health Act approved July 11, 1923, the period of service during which active contact is kept with the patients is one year. Patients, in cases where it seems desirable for their own good, are requested to return to the hospital and by remaining over night this period is extended for another year.

Previous to the organization of the Social Service and in accordance with the Act of 1883, patients were granted a furlough for two months ~~and~~ which could be renewed by obtaining a monthly report. This was done by either having the patient come to the hospital and interviewing the physician of the respective service, or through correspondence with those living at a distance from the institution. The relatives were instructed to write us monthly following the removal of the patient; although some failed to do this after a lapse of from three to six months, others were faithful and continued to report for a period of from one to two years. The average case was discharged from the records at the end of one year,-occasionally others at the end of two years.

A study of our furloughed cases shows there was a steady increase in the average number on furlough; from 36.14 in 1914 to 103.04 in 1922, 125.81 in 1923, for the year ended May 31, 1924, 170.70.

While social service was a factor in the increased number of patients furloughed, it cannot be said that the increase in furloughed cases is solely due to the social service department. It has always been the custom of the Medical Staff to take an interest in the removal of patients from the hospital, either as result of probable recovery or improvement, as in prolonged cases; the latter manifesting no definite mental symptoms which would make them dangerous to themselves or others. The patients are presented at Medical Staff conference for examination and consideration; this also applies where there has been urgent request on the part of relatives for the removal of a patient. Social service has a definite place in obtaining histories, in investigating home conditions and environment, in bringing about readjustment and confidence in accepting the returned patient, finding positions and boarding houses, a large part of the work is visiting the patients in their homes. We are planning further extension of social service work. From this standpoint, the patient's needs, both medical and social, were met by the following type of service rendered:

Medical	Male	Female	Total
Medical Histories	51	41	92
Report of Home Conditions	114	90	204
Medical Assistance	19	21	40
Report of Patients' condition	187	116	303
Advice	34	23	57
Advice to Relatives	2	1	3
Personal Adjustment	2	3	5
Social			
Environment Adjustment	29	24	53
Industrial Adjustment	25	8	33
Miscellaneous Adjustment	3	0	3
Personal Adjustment	16	6	22
Supervision	129	140	269
Family Assistance	26	19	45
Legal Assistance	7	6	13
Study Training	5	2	7
Connecting Agency	17	10	27

In addition to the foregoing, we hope to do more follow-up work in connection with our Mental Clinic work, particularly with the juvenile cases, and especially the "problem" children. It is our opinion that better and more prompt results will be brought about by follow-up work of mental clinic out-patient cases. A survey has been made of the "Clinic Work in its Relation to Children", at the request of the Joint Committee on Delinquency of the Commonwealth Fund of New York City. This study brings out the need of more social work and routine follow-up in connection with our mental clinic cases. An analysis of the work done in accordance with a statistical outline furnished by the above-named organization is herewith submitted:

Total number of patients	284
" " children	187
" " school children	175
" " pre-school children	12
" " male children	99
" " female children	88
" " adults	97
Consultation Service Rendered	187
Clinic Treatment	24
Advisory	2
Cooperative	31
Follow-Up	1

Sources from which children were referred:

Public Health Nurse	19
Probation Officer	11
Physician	9
School Nurse	36
Teacher	20
Interested Friends	3
Relatives	5
Family Agencies	8
Community Center	2
Social Service League	29
Red Cross	7

We desire to compliment the judges of Lehigh County on their broad vision in accepting the provisions of the Mental Health Act #414, Section 309, which provides for the "Admission to a Hospital for Mental Diseases for observation, diagnosis and treatment." Since January 16, 1934, nine (9) cases including juvenile and adult, presenting contact problems of an anti-social nature, were committed for observation, study and recommendation. These cases involved personality studies, requiring examinations and investigations of a highly intensive and specialized type. Full reports of the mental and physical examinations and social service histories, combined with a survey letter of the case with recommendations, were transmitted to the court at the end of thirty days; in each instance, with one exception, our recommendations were followed. We are satisfied that the hospital serves a definite function in connection with delinquent juvenile offenders and that ~~xxxxxxxxx~~ District Attorneys as well as other members of the legal profession and our Courts should recognize that individuals with anti-social problems are to be met with in a different way than by merely committing them to reformatories; the latter are often by lack of psychiatric classification, conducive to develop criminality. Our penal system can be much improved by bringing the psychiatric view point to the convictions of our penitentiaries. We hope other Courts within our hospital district will follow the lead of our learned and progressive President of Lehigh County Court.

With the organization of the Social Service department, the Director,- Mrs. Florence M. Goldman, recognized that the needs of the community were four: (1) Education as to the cause, treatment and prevention of mental diseases; (2) Widened sense of responsibility towards the mentally handicapped; (3) Instructions to individuals and agencies as to the care and treatment of nervous and mental patients, (4) Wider use of the mental clinics, better supervision, and a more systematic routine. The first need was met by the organization of a group of members of various professions and lay people into what is now known as "The Mental Health Conference of the Lehigh Valley." It had its inception at an informal meeting of Social Workers of the community in December, 1922, held at the Allentown State Hospital, at the invitation of the Social Service Director. Monthly meetings are held at which time a lecture on some phase of "Mental Health" is given by speakers from local and other places; among the speakers the organization has had were such well known men as Dr. Leopold, Psychiatrist of the Municipal Court of Philadelphia; Dr. Elton B. Mayo, of the Institutional Research Department, University of Pennsylvania; Dr. Leonard Blumgart, Psychoanalist of New York City; Dr. Maxfield of the State Department of Public Instruction, Harrisburg.

NURSES TRAINING SCHOOL

It has been a satisfaction to the management that the Training School for Nurses of the Allentown State Hospital has each year since its organization in 1913 been reported as being on the Accredited list of the State Board of Examiners for Registration of Nurses. After giving careful consideration to the data relating to the educational, living and working conditions of the students, conscientious effort has at all times been made to follow the curriculum as laid down by the Pennsylvania State Board, particularly in the giving of theory and clinical work, as well as minimum hours.

It has been a struggle since 1917 to meet all the required standards, nevertheless, each year we have put forth renewed efforts,- which can best be expressed in the statement of the Board itself, viz. "The Pennsylvania State Board appreciates the efforts which have been made to maintain standards in your institution and they hope for your continued cooperation in the future." We have recognized our short comings and in this respect have suffered, as unfortunately have our patients, equally with the General Hospitals. It has been exceedingly difficult to obtain the required number of student nurses to conform to the minimum educational standard and age.

One of our difficulties has been the lack of an adequate Graduate supervisory staff, in a large measure due for a time to small classes and the inability to sufficiently compensate Graduate Nurses to retain them,- opportunities for larger pay being greater elsewhere. We have, however, succeeded in adding to our force a full-time Instructor of Nurses and two additional Supervising Nurses. We found

this materially improved the Training School. We have also noted that within this biennium applicants for student nurses are of a higher grade and that the number is increasing. We therefore feel encouraged that in due time we will be able to increase our present recognized standard.

We have also conformed to the curriculum of the American Psychiatric Association for Nurses Training Schools in Mental Hospitals, and have been placed upon its accredited list. What we are aiming to do at the present time, in addition to conforming to the requirements of the curriculum of the State Board and the American Psychiatric association, is to increase the nursing personnel of the hospital; to provide Attendants for women's wards to relieve the nurses of routine household duties; to provide an adequate Supervisory Staff so that supervision of nursing care by graduate nurses be extended not only as far as the women's wards are concerned, but also to those of the men's service. Great credit is due the present Director of the Training School, Miss Mary H. Murray, for untiring efforts in not only maintaining the required curriculum, but also in improving the standard, including the morale, social and recreational activities of the school.

This school has an affiliation with the Allentown General Hospital whereby our nurses go to that school for one year for nursing in surgery, obstetrics, pediatrics, comm cable diseases, social service and public health work. In this way c forming to the requirements of the State Board of Examiners for Reg tration of Nurses. During 1921 - 1922 we had a reciprocity affiliat on with the Allentown General Hospital whereby there was an exchang of nurses between the two schools; their students coming to our hospital for "mental" nursing and special subjects such as psychiatry, hydrotherapy, X-ray, electrotherapy and occupational therapy; all class work being coordinated between the schools. The latter was discontinued during 1923, and will again be resumed in September of this year. We consider this an advance from the Nurses Training School standpoint. There is every proof that the General Hospital nurses will have definite advantage by additional training in mental nursing. We are pleased to report that the Senior classes of St. Luke's Hospital of Bethlehem and the Sacred Heart Hospital of Allentown come to this institution for lectures on Mental Diseases and Psychology, and for observation of clinical cases; the lectures were given by Dr. Harry F. Hoffman, the Assistant Superintendent.

The class of 1923 had ten graduates; the 1924 class consisting of eleven was graduated May 14, 1924; eleven are prospective graduates - 1925, and thirteen are registered in the 1926 class.

One acquisition to our Training School faculty has been the services of Mr. Willem Van de Wall, Field Representative of the Department of Welfare, and who has been giving lectures to the Senior and Junior classes upon the subjects of Music and Associated Institutional Activities." This is a help in giving them a larger psychological and sociological viewpoint in the care and treatment of patients particularly as regards diversional activities.

It has been our desire and intention to organize a one year's Attendants' Course for Men Attendant Students. The great trouble has been retaining men attendants in continuous service; the big problem therefore to be solved, is how to retain suitable men. It is poor economy to have a steady stream of employees coming and going. This is costly and not conducive to the best care of our patients. There is still a great drift of men from one institution to another, one industry to another. This means waste of time and loss of men as well as lessened efficiency. Although Men Attendants wages have been increased 100 per cent and more since the war, they are not compensated in comparison with the wages paid workers at local industries. One solution of this problem might be, if sufficient men could be secured who have taken a course and qualify as licensed attendants, who would be paid a living wage sufficient to maintain a family respectably, either in cottages or apartments provided when possible by the institution or locally in proximity to the hospital.

LIBRARY

As a part of Diversional Activities, reading books from our General Library is encouraged. The number of books in circulation varies from year to year in accordance with the encouragement the patients receive from those in charge of the diversional activities, as well as supervisors, nurses and attendants. The library has gradually extended from 502 books in 1913 to 1718 volumes at the present time, the variety as found in any average general library. The average circulation per week is: 30 books by men patients, 50 by women and 50 by employees or a total average per week of 130 books. Second-hand magazines and news-print are distributed to all wards and detached buildings as well as to farm colonies, for the use of patients, as soon as received by donation.

The Medical Library has 1091 volumes under the following divisions: Materia Medica 269, Nervous and Mental 100, Psychology and Psychotherapy 26, Diagnosis 30, Medicine and Therapeutics 139, Surgery 68, Special Therapy 17, Specialties 205, Miscellaneous 160, Nursing 69.

EX-SERVICE PATIENTS

This institution was selected by the U. S. Public Health Service as one of the three contract Mental Hospitals in Pennsylvania for Ex-Service Patients. There are 54 Ex-Service Men in the institution at present; 22 maintained by the Veterans' Bureau. We are much indebted to the American Legion and the Veterans of Foreign Wars for their untiring interest in these patients. They have provided musical, dramatic and vaudeville entertainments for them. The concerts given by Band Organizations and others were much enjoyed. We are

particularly grateful for this generous, unselfish spirit of service rendered these Ex-Service Patients, and all others were permitted to attend. After each program these men were given every opportunity to visit with members of the organizations, the latter each time providing refreshments for them.

MOVEMENT OF POPULATION

The movement of the patient population within the hospital biennium ended May 31, 1924 was as follows: On June 1, 1922 there remained on the books of the institution 1308 patients,- 650 men and 658 women, under care and treatment and including those absent on furlough. Within the period of the biennium 828 cases, 427 men and 401 women were admitted. The total number therefore under treatment for the biennium was 2136, 1077 men and 1059 women. Of the 828 admitted, 679 were first admissions, 60 voluntary admissions, 125 readmissions and 14 transfers from other institutions. The daily average number of all patients actually in the institution within the biennium was 1216, 587 men and 629 women. 416 persons were given advice in outpatient clinics.

The total discharges, including transfers and deaths, within the biennial period were 736, 576 men and 160 women; of this number 60 were recorded as recovered, 175 improved, 53 unimproved, 15 without psychosis, 123 transferred to other institutions for mental diseases and 290 died. In addition to the 726 direct discharges, 196 patients appeared on our books as connected although absent from the hospital on furlough. At the end of the hospital biennium May 31, 1924, there remained on the books of the institution 1400 patients, 701 men and 699 women.

The average age of all admissions was 44 years. Of the first admissions; 7 were under 15 years of age; 47 between 15 and 19 years; 48 between 20 and 24 years; 66 between 25 and 29 years; 88 between 30 and 34 years; 79 between 35 and 39 years; 64 between 40 and 44 years; 77 between 45 and 49 years; 51 between 50 and 54; 35 between 55 and 59 years; 38 between 60 and 64 years; 27 between 65 and 69 years; 52 were 70 years and over.

Of the 290 deaths, the average age was 53; 56 were 70 years and over; 48 were between 60 and 69; 58 between 50 and 59 years; 47 between 40 and 49 years; the remainder were distributed between 15 and 39 years. The percentage of deaths on the whole number treated was 13 1/2; 55 died from General Paralysis; 43 with Arteriosclerosis; 35 Senile Psychoses with complicating physical ailments; 35 Tuberculosis of the lungs. Of those who died 66 were in the hospital less than one month; 42 one to three months. The majority of these were either moribund at the time of admission or gave evidence of advanced physical or mental disease or both. At the other extreme, 12 of the patients who died had been in the hospital 20 years or over.

TEN YEAR POLICY

It has been a satisfaction to carry out - ten year policy concerning with the organization of the hospital in Tolan. A new program has been outlined which will cover not only a period ten year period but very likely twenty-five years, this depending in a large measure upon the financial ability of the Legislature to make special Appropriations to carry out a Developmental and Expansion policy.

The question as to what extent the Allentown State Hospital should develop is one that is dependent upon the growth of population and the requirements of this particular district, more especially the Lehigh Valley. The institution is located in a thriving and yearly increasing population of the cities of Allentown, Bethlehem and Easton, as well as other municipalities, in this valley. This makes it apparent that the hospital must grow with the increase in population. Our first duty in new construction and expansion work is to complete our psychiatric Reception Unit by the addition of a Clinico-Pathological Laboratory, and a Convalescent Building for both sexes; with accommodations for physicians, a pathologist, a [illegible] a clerical force to man this division. The establishment of a Juvenile Unit for treatment, research and teaching purposes is of the most importance in maintaining a Class - Mental Hospital.

We need most urgently at the present time additional homes for pupil nurses, nen attendants, and employees; also cottages for the medical staff, married officers and employees; also cottages for dentis residence. With the increase in patient population, the enlarged scope of work, the subsequent new positions and additions to the personnel under these positions, the hospital has become over crowded and some of our employees are housed in poorly lighted and ventilated double dormer rooms. This causes constant dissatisfaction and turn over in the personnel. In some instances it has been necessary to pay increased salaries and have employees otherwise accommodated in the Administration building, live in the city of Allentown. The overflow of pupil nurses and nen attendants are housed in five and seventy-bed capacity dormitories, the latter space could be more comfortably utilized for patients, thus increasing our bed capacity for such purposes. The addition of a Nurses Home with single rooms would be more conducive to retaining our pupil nurses and thereby increase the standard and morale of the Training School. In order to conform to the standard of Class A Mental Hospitals - as provided for by the American Psychiatric Association, it will be necessary to increase our staff of nurses from the ratio which we have hoped to maintain, - 1 to 12 to 1 to 6. We have not succeeded in doing so since 1917, more often the ratio has been as low as 1 to [illegible] and recently 1 to 14.

Our Medical Staff is not adequately housed, particularly those members who are married and have families. They should be provided with cottage accommodations, with sufficient salary to maintain themselves and their families in a respectable manner. Single physicians should have suites of at least two rooms. Single short

physicians,- for example, have only single rooms with a common sitting room and general bath room. There should be cottages for officers and married employees, and as already implied accommodations for married attendants with sufficient salary to maintain themselves and family without the wife necessarily being required also to be a wage earner. A residence provided for the Superintendent would permit him privacy and recuperation from the daily grind of the hospital, and would provide additional accommodations for the medical staff. With the increased ratio as provided by the American Psychiatric Association, namely. "That the general staff of resident physicians consist of 1 to 40 patients on admission service and 1 to 150 in general," additional accommodations must be provided for.

The question of expansion of the hospital is one for serious consideration. It has been our viewpoint for years that smaller units serve the best purpose as regards individual care and treatment of patients,- say 1200 bed capacity. The larger the unit the more danger there is that patients will be cared for upon the "herd" plan rather than as individuals. We recognize that the number stated cannot be adhered to, and we are in full accord with the idea of planning this hospital upon a 2000 bed population basis which is in some states today considered as the maximum capacity of a State Hospital. We believe that the population growth of the Lehigh Valley will make it eventually necessary to exceed this number. This can be done by retaining the original hospital as a parent admission institution. The growth and future development for the next ten years to be upon Colony basis at Weaversville, to which allusion has been made; later within a twenty-five year period or even longer, at this same locality, there can eventually develop a growth upon an institutional basis of from 500 to 1000 beds.

The features of the location of Farm Colonies Nos. 1 and 2 are its accessibility by good macadam and concrete roads, Weaversville being in a direct radius from the centres of rapidly increasing population,- the cities of Easton, Bethlehem, Allentown, Catasauqua, Northampton, Bath, Nazareth, Pen Argyl, Bangor, and Portland. It is also accessible to the Northampton and Bath Railroad which skirts one of the farms, and even more important is the fact that it is only 2½ miles from the main lines of the Lehigh Valley and the Central Railroad of New Jersey at Northampton. Other desirable features of this location are the possibility of increasing the agricultural activities by the addition of farms for colony purposes, to the extent of fully 1000 acres. The Colony idea is favorably commented upon in Mr. Henry C. Wright's report, "A Survey of the Fiscal Policies of the State of Pennsylvania as Related to Charitable Institutions and Hospitals for the Citizens' Committee on Finances of Pennsylvania" ,- section 8, page 34 .

Another factor, is the possible purchase of properties as they may become available in the village of Weaversville adjacent to our present State Farm Colonies 1 and 2, so that eventually the hamlet may become a part of the colony project for use of employees, and especially for the accommodation of patients,- similar to the [illegible]
system of [illegible]

BIENNIUM REPORT

June 1, 1922 to June 1, 1924

ALLENTOWN STATE HOSPITAL

ALLENTOWN, PA.

To the

DEPARTMENT OF WELFARE

HARRISBURG, PA.

The Department of Welfare,
Commonwealth of Pennsylvania,
Ellen C. Potter, M.D., Secretary.

Re: Report - Biennium 1922 - 1924

We herewith respectfully submit the Biennial Report of the Allentown State Hospital covering the period from June 1, 1922 to May 31, 1924, as to the general operations, concerning the condition, management and the financial transactions of the hospital.

The Tenth Anniversary of the opening of the hospital for the reception of patients was October 3, 1922. We trust it will not be amiss to summarize and enumerate the work accomplished within this period, as an introduction to this report.

A State Hospital for the care and treatment of Mental Patients, as we know it today, has two functions. It is with considerable satisfaction that the hospital has advanced to a point where it is fulfilling these. The first, for which it was originally established, - was observation, research, care and treatment of mental patients. In its organization and growth since the opening, and particularly in the construction of new buildings, a definite purpose has been kept in mind, viz. fulfilling the object for which it was primarily intended, the restoration of patients entrusted to its care to normal mental health. Its second, as a part of the general scheme for Community Service, was the prevention of [redacted] disorders through public education [redacted] the subject of Mental Hygiene, for the holding of Mental Clinics and a teaching institution. It is our opinion that hospitals for Mental Diseases, just as much as General Hospitals, must have a definite relation to the community or the territory they serve. In order that a hospital may be truly such it must stand for a definite purpose and must be so constructed and organized that it will best fulfill the object for which it was intended.

The first biennial report of this hospital outlined the foundation for the future development and expansion along modern scientific lines, that "From the standpoint of hospital grouping, the mentally sick in public institutions should be classified under three main divisions." A very satisfactory beginning has been made in this direction. Under the first and most essential group, the acute and curable, for whom strictly hospital care is essential, we have a very good beginning in the establishment of a Psychiatric or Reception Unit. Our first building of this unit caring for one sex, women, has been in operation since October 1916. The internal arrangement was described in our second biennial report. It has met our expectations and proven decidedly beneficial not only as far as hospital classification is concerned, but above all, in the care and treatment of the individual patient. The 1921 session of

Legislature granted an appropriation of $90,000.00 for the erection and construction of a second building. This has been built with some improvements and when furnished and equipped will provide accommodations also for men patients. A Psychiatric Unit to be complete, requires a Convalescent building for both sexes and a Clinico-Pathological Laboratory building. More specific statements will be made regarding these under our heading "The Future Policy of the Institution." The second group, the prolonged cases who require strict supervision and care for the protection of themselves and the public, are provided for in the original block-plan building which serves this purpose better than was originally anticipated. The third group, prolonged cases - but able-bodied harmless patients designated as the "Colony" Group, who are either competent or may be taught to do some useful work to aid in their support, are allowed a larger liberty and placed in surroundings more home-like than would be advisable for the first two classes. A very good beginning to this end has been accomplished. The introduction in this direction was brought about when the so-called "Geisinger" Farm was leased for one year from the City of Allentown. Even with the late beginning, viz., occupying the farm April 30, 1917, and a hurried organization with three employees from the regular service and six patients - later this number was doubled the undertaking proved successful, although late in putting out crops and with a soil that had been depleted and was overrun with weeds. We closed the year's lease with a balance to the credit side of the ledger, after paying a year's rental of $700.00

The 1919 session of Legislature granted a Special Appropriation for the purchase of farm-land for Agricultural Colony. A careful study was made of farm-land within reasonable distance from the hospital. After due consideration of the various farms it was finally decided to purchase a farm costing $22,000.00, in the historic Irish-Presbyterian section of Allen Township, Northampton County, known as Seaversville. The first farm purchased consisted of 140 acres including 10 acre wood-lot, and was known as the "Horner" farm. This is now designated as "State Farm Colony No. 1" and is located seven miles north of the institution. The house on this farm was particularly well adapted for the housing of patients; with a few alterations it was made to accommodate 18 beds for men patients in addition to providing housing for the care-takers. A second farm adjoining this property, consisting of 101 acres, was purchased out of an appropriation granted in 1919; this accommodates 8 beds for men patients in addition to the care-takers and is designated as "State Farm Colony No. 2."

Within this time, $8,954,601.16 was expended for maintenance, care and treatment of patients. The various sessions of Legislature appropriated for New Buildings and Improvements within this ten year period, the sum of $640,601.00. From these available Special Appropriations there were erected. 2 Buildings covering our present Psychiatric Reception Unit; 1 Home for Women Nurses; 1 Home for Men Attendants; 2 Pavilions for Tubercular Patients; 1 Isolation Cottage for Contagious Diseases; Combination Building for Nurses Dining Room and Employees' Quarters; 1 Garage; there has also been erected a complete centralized general Farm Unit of

eight structures, and a Double Dwelling for Farm Manager and Employees; A Tramway was constructed to deliver coal from the Central Railroad of New Jersey siding to the power house; a poultry plant was added; A Sewage Treatment Plant was completed and placed in successful operation. The Farms and Farm Buildings mentioned as Farm Colonies 1 and 2 were also purchased out of the total appropriation.

In addition to the foregoing much work has been done in the improvement of the grounds particularly in front of the main building,- by cutting and filling, the construction of roads and walks, and the planting of trees, shrubbery and flowers. At the time of the opening of the institution the grounds were in their unfinished state with no provision for walks or roads.

The policy of the Trustees and officers in charge of the affairs and management of the hospital has been upon a progressive and constructive basis from the viewpoint of efficiency and economy, the general development of the institution, that of repairs and upkeep, and above all, the matter of care and treatment of patients. This method was established at the opening of the hospital ten years ago and will be as consistently adhered to in the future as in the past. It has been gratifying to have had within this period a Board of Trustees who were a united body with but dissensions and only two changes occurring,- these by deaths.

Within this ten year period there were 4064 patients admitted; of this number only 218 were readmissions. The number discharged under various conditions were 2710 in accordance with the following summary:

502 Recovered;	242 Men and	260 Women
619 Improved;	323 Men and	296 Women
184 Unimproved;	87 Men and	97 Women
1243 Deaths;	681 Men and	562 Women

Of the Deaths the following groups stand out:

Senile Psychosis	233	100 Men and	133 Women
General Paralysis	237	179 Men and	58 Women
Arteriosclerosis	176	90 Men and	65 Women
Tuberculosis	228	87 Men and	141 Women
All other Deaths	370		

COMMUNITY SERVICE

It has been our policy that the hospital have a definite relation to the community or territory it serves. To do this in the largest measure possible it should be an institution for teaching. As such it need not necessarily be associated with a Medical School, but it should be available for clinical teaching of the community physicians or those from the districts from which it draws its patients. It should be a community centre from which information relative to the preservation of Mental Health may be given to the citizens who are supposed to be benefitted by the hospital. It should also be a place for a Training School for Nurses conducted upon a reciprocity basis with a General Hospital.

The institution being located in a thriving industrial section with educational advantages, has established the principle of granting free access especially to physicians, college professors, teachers and students the same as to a General Hospital. This should be the foundation of every hospital organization, and is definitely applicable to Hospitals for Mental Patients.

The first activity of this institution was its connection with Hahnemann Medical College and Hospital of Philadelphia as a teaching hospital for Senior Medical Students and Interns. The second, the holding of Mental Clinics for the medical profession of the Lehigh Valley from which the bulk of our patients are admitted. Third, the establishment of Mental Clinics in adjacent cities of Easton, Allentown, Bethlehem, Stroudsburg and Palmerton. Fourth, its association with the Lehigh University of Bethlehem, Pa., through its Professor of Psychology who for the past eight years has brought his classes to the hospital for lectures and clinics; the latter scope has been enlarged by association with the University Extension Summer School Course for Teachers. The hospital has also given similar privileges to Muhlenberg College of Allentown, for its students and teachers; to Lafayette College of Easton; the Moravian College and Seminary, Bethlehem, the Kutztown State Normal School; and the Allentown and Hellertown High Schools. This work has materially increased from year to year and particularly so within this biennium. The Hahnemann Medical College students come to Allentown for one week, taking up their headquarters in the city. The morning is given to bedside clinical work, followed by lectures covering the psychosis upon which a clinic is held, this lasting fully two hours during the afternoon. The classes from Lehigh University and the Colleges enumerated have materially increased; Muhlenberg College with its Extension Course for Teachers, brought as high as three hundred to the hospital for lectures and clinical work, these being conducted by Dr. H. F. Hoffman, the Assistant Superintendent.

Invitations were extended the members of the Lehigh, Northampton and Bucks Counties' Medical Societies and that of the Lehigh Valley Homoeopathic Medical Society, for an Annual Inspection of the Hospital and each time followed by a Clinic; the subjects of the latter being as follows:

October 20, 1922:
"Clinics and Social Service in a Program for Mental Health"
William C. Sandy, M. D.
Director, Bureau Mental Health
Department of Welfare.
"Presentation of Out-Patient Clinic Cases"
Henry I. Klopp, M. D.
"Presentation of Clinic Cases subsequently committed."
Harry F. Hoffman, M. D.

November 9, 1923: Symposium: "Intra and Extramural Treatment of Mental Disease."

"Management and Treatment of Mental Patients"
Henry I. Klopp, M. D.
"Psychotherapy; Physiotherapy"
Harry F. Hoffman, M. D.
"Hydrotherapy"
Albert H. Super, M. D.
"Medicinal Treatment"
D. T. Rankin, M. D.
"Treatment of Syphilis when Causative and Coexisting"
Annie E. Freese, M. D.
"Occupational Therapy"
Miss Louise M. Walter, Director.
"Physical and Diversional Therapy" Miss Helen M. Green, Director.
(Calisthenics Demonstration)
"Social Work with Mental Cases"
Mrs. Florence W. Goldman, Director.
"Music as a Mental Hospital Activity" Willem Van de Wall, Director.

Delegates of the Health Section of the League of Nations were honored guests at this clinic.

MENTAL CLINICS

The widened scope of Neuropsychiatry finds the hospital Medical Staff engaged in activities beyond the institution boundaries. Important as are our State Hospitals for care and treatment of patients, extra-institutional activities cannot be minimized. In no better way than by community service can prophylaxis in mental diseases be promoted. Neuropsychiatric Clinics are becoming more generally recognized as necessary and natural adjuncts to hospitals for mental diseases. This institution started its first clinic in the city of Easton, November 3, 1915; since then the following additional clinics have been organized, Allentown in March 1917 and Bethlehem in November, 1919. These clinics were originally started in connection with the various Charity Organizations such as the Social Service League, Associated Charities and Family Welfare. During April, 1922, our clinics were reorganized and since then have been conducted in connection with the General Hospital dispensaries in the respective cities of Easton,-at the Easton Hospital; Allentown, at Allentown Hospital; Bethlehem, at St. Luke's Hospital. In addition to the foregoing clinics, one

ensure a mental examination of every child retarded in school. It would not be necessary to make a mental examination of all the children, but particularly those who are two, three or more years retarded in their respective grades.

The type of children designated who cannot be taught in the regular school should be referred to "special" public school classes. These also serve as clearing-houses for the recognition of such children who are morally defective and anti-social, and who need permanent institutional care. To take full advantage of such classes and clinics, there must be an enlightened public, an enlightened school board, an enlightened principal and enlightened teachers. In a number of states the only provision for this class of children is furnished by state or semi-private institutional school for the feeble-minded; most of these have a large waiting list and many require court formality for admission. They provide care and protection for a limited number of idiots and imbeciles, for permanent segregation of defectives, for educational and industrial training of high-grade imbeciles and morons, and for life-long segregation of feeble-minded women with immoral tendencies. In states where there is not this general enlightenment referred to, there may nevertheless, here and there, be found school boards, principals and teachers who are or want to be enlightened.

TREATMENT

From a therapy standpoint, while as in the past the single indicated remedy is the "sheet-anchor", we have a general policy that anything ~~which will help restore our patients~~ to mental and physical health shall be applied in the treatment. In doing so, each case is considered individually; treatment is outlined following through physical, neurological and mental examination, in addition to laboratory findings; all these in conjunction with X-ray, Electrotherapy and Pathological Laboratories are essential. There has been close cooperation of the pathologist and medical clinicans in diagnosis and treatment. It is a requirement to include full urine analysis, blood Wasserman in each case, and examination of cerebro-spinal fluid; by this means the clinical is correlated with the laboratory findings and much information is obtained. It is the custom to make lumbar punctures only when they are indicated for mental diagnosis or in the course of anti-luetic treatment. In these cases we have observed much benefit by the withdrawal of spinal fluid in specific and suspected specific cases, as well as in greatly disturbed patients. In the majority of cases where the mental disease is due to Syphilis, we introduce an anti-specific treatment, not with the hope of cure - for they are usually past that possibility when they come to us - but to bring about a remission of symptoms so that many may be more comfortably cared for and in some instances for a period at least, enabled again to enjoy home life.

We give thought to the study of the endocrines and prescribing of the single glandular products upon the same basis as the single indicated remedy. We hope to check our therapy with blood and urine quantitative analyses before and after administration, in the hope of learning whether we are dealing with poly or mono-glandular dysfunction.

As already implied, we believe there is value in all therapy. As for example, hydrotherapy is an important adjunct in the treatment of our mental patients, - particularly in the form of continuous - (neutral baths) for cases of excitement, restlessness and agitation; and for tonic effect, alternating hot and cold Scotch douche, needle sprays and showers.

We have been paying considerable attention to physiotherapy. A degree of activity in this field has been carried on since 1913, and the acquisition of new equipment in 1920 stimulated interest. The following figures show the work done within the biennium ended May 31, 1924.

674 X-ray pictures
413 Dental films
489 Fluoroscopic examinations

Treatments,

199 X-ray
102 Leucodescent Light
56 Morse Wave (Sinusoidal)
1418 Ultra-Violet
150 High Frequency

It has been the policy of the Superintendent to encourage the individual members of the Medical Staff to take up a specialty in addition to Psychiatry and to give them opportunity to study and apply these specialties in the medical and surgical activities of the hospital. Whenever a physician is competent to do so he is permitted to do major surgery; one member of the staff has been given the specialty of diseases of the eye and refraction. With the number of changes and shortage on the Medical Staff it has not been possible to carry this out as fully as it is hoped to do when we have a full number. Great credit is due Dr. Harry F. Hoffman, the Assistant Superintendent, for the accomplishment of the foregoing work. He is specializing in X-ray and electrotherapeutics; he has also been examining a number of our patients by means of the fluroscope, doing this at about the same time they are given their annual physical examinations, - in this way comparing the findings. It is our intention to do this with all cases as time permits. The routine physical chest examination is often unsatisfactory due to poor cooperation of the patient; in such the X-ray, either fluoroscopic or radiogram, or both, is of decided value. This procedure is a check on the accuracy of physical examinations made by various physicians.

We have developed considerable interest in ultra-violet treatment. By means of this form of energy wounds can be disinfected and injuries made to heal rapidly; various skin lesions react to the ultra-violet when other treatments have failed. We are also using this modality for the treatment of tuberculosis, but have not used it sufficiently to warrant any statement on this point.

Other than our single indicated remedy we do not have any particular pet therapy, although as implied, we believe in the use of those mentioned as adjuncts to other therapies,- be they surgical, artificial or short-circuiting, or following focal infections. Nothing therefore is overlooked that can be accomplished, even by the work of a competent dental surgeon. Equipment for the latter has been completely replaced.

Two non-resident dentists, one assigned to men patients, the other to women, each gives two forenoons a week. A full-time Dental Hygienist was added to this department October 1, 1923. Her work is valuable not only in giving attention to the cleaning of teeth, treating pyorrhea and hygiene of the mouth but in teaching patients to properly use the tooth brush. She will be able to cover all the patients at least twice annually. We are convinced that eventually we should have two Dental Hygienists, so as to give attention to each patient four times a year and oftener where necessary. This is particularly important with patients who cannot or will not use the tooth brush systematically.

PATHOLOGICAL LABORATORY

The Laboratory was organized during the latter end of 1921 under a competent Pathologist, Dr. Annie E. Preese, who found that for the department to functionate satisfactorily and profitably to the institution considerable new equipment would be necessary to supplement present stock and replace that outworn. Several large pieces of new apparatus were bought, viz., steam pressure sterilizer, hot air sterilizer, biological refrigerator, electric hot plate, apparatus for blood chemistry,- gas analysis, urea, kjeldahl, colorimeter, etc.; convenient work-tables were made in the institution's carpenter shop; an ample amount of supplies were secured, including the chemicals necessary for the new methods of blood chemistry. Several valuable new text books on pathological subjects were bought and two good laboratory journals were subscribed for. In brief, the laboratory was completely equipped to perform practically any modern test desired; however, a few pieces of apparatus for research work are still desirable.

Special features of the work included anti-luetic treatment of various kinds; Shick tests of a large number of patients and some employees, and immunization with T.A. mixture of those

giving strongly positive reactions; all the gynaecological examinations were supplemented by bacteriological examination of smears. A paper on the combined findings was presented before a Medical conference at Albany, N. Y. The Wassermann tests were run by two methods, trying out a new delicate ice box technic, and this method finally adopted routinely. On account of a small house epidemic of diphtheria, the nursing staff was immunized against diphtheria. A few small clinical research problems were undertaken, including intravenous injection of hypertonic salt solution to epileptics; distilled water intravenous therapy empirically; tuberele and gonococcus complement fixation tests; therapeutic spinal drainage, etc.

The laboratory unfortunately is located in the basement of the Administration Building. There is constant contention that this is a serious handicap to convenience, accuracy and comfort in working, as well as undesirable from the viewpoint of the health of the workers therein. Dr. Freese, an able Pathologist, - and mentally flexible, who was not only interested in the laboratory end of the work, but also the clinical as well as the treatment of patients, resigned due to this fact. We are therefore urgently recommending a Special Appropriation for a Clinico-Pathological Laboratory to be located in connection with our Psychiatric Unit, and at the same time could be combined for clinical laboratory purposes. In this way suitable quarters would be secured for laboratory purposes where the maximum of light and air is obtainable.

SUMMARY OF LABORATORY WORK

Type of examination	June 1, 1922 to May 31, 1923	June 1, 1923 to May 31, 1924	Total June 1, 1922 to May 31, 1924
Autopsies	41	39	80
Animal inoculation	6	2	8
Blood counts	89	79	168
" culture	6	6	12
" chemistry-sugar-	4	6	10
urea	2	4	6
creat-	2	3	5
chlorids	2	2	4
Cerebro spinal fluid-rout.	103	33	136
" " gold sol	69	68	137
Cultures	178	68	246
Diptheria antitox. inject.	35	0	35
Gastric analyses	2	0	2
Gonococcus comp. fixation	0	270	270
Water injections	30	22	52
Lumbar punctures	177	244	421
Milk examinations	17	63	80
Sodium chlorid inject.	7	0	7
Stools	9	34	43
Sputum	76	82	158
Smears	254	418	672
Schick tests	0	540	540
Smears for malaria	3	6	9
T.A. injections (Series)	0	30	30
Treatments--salvarsan	222	124	346
" mercury	187	43	230
" monarsone	11	0	11
Tubercle fixation	34	318	352
Tissues	58	8	66
Urinalyses, routine	1521	1470	2991
Vaccines	22	4	26
Wassermanns,-blood	1120	1159	2279
" spinal fl.	134	127	261
Widals	4	21	25
Water examinations	2	4	6
Totals - - - - -	4417	5307	9,724

OCCUPATIONAL THERAPY

In addition to rest, food, fresh air, exercise and the prescribing of the indicated single remedy, hydrotherapy, physiotherapy and occupational therapy play an important part in the treatment of mental patients. The Occupational Therapy Department was organized in 1913 with one trained teacher; in 1921 we had a Director with two trained Aides and one attendant. This department has grown so that it now consists of 1 Director, 5 trained Aides, 2 Student Nurses, - all women; and 3 untrained Aides (Men Attendants).

As a result of the extreme shortage of student nurses beginning in 1917 and to the present time, we realized that our patients were not receiving the care and attention they deserved. We gradually added one trained aide after another until our present quota was reached during 1923. We recognized that the cost for trained occupational aides did not increase the total pay roll due to not having a full quota of nurses. We also noted there was a definite improvement not only in the general tone of our wards, but above all, in the patients themselves. It was impressed upon more and more that while we were giving every attention to the acute and curable, as well as to those who were readily amenable to treatment, but probably would never be recorded as restored, we were woefully neglecting those who came under the head of deteriorating types of patients, particularly those diagnosed as Dementia Praecox and of years standing, commonly designated as "back-ward" patients. On November 3, 1923 we engaged the services of another Aide who was assigned to this type of women. She can take care of an average of 20 to 25 patients; day space on the ward where these patients are cared for is utilized for this purpose. It has been interesting as well as instructive to see what can be accomplished. It is very apparent that they can be interested and by being occupied made happier, less turbulent, destructive and untidy; the work combines the formation of new habits. Some of these patients have been transferred to the more advanced group.

Combined with this we have introduced Kindergarten work for certain types of feeble-minded and more deteriorated cases in an attempt to reach those who lack ability to accomplish work of a material nature. This work consists of stringing beads, block work, building with letters and peg boards, cutting and pasting scrap books and enjoying looking at the pictures in magazines.

The department therefore has gradually grown so that we now have four Occupational Therapy rooms for the women and three for the men. In addition we have a ward-worker who provides occupation for those who are not disposed to go to these rooms. The average number of patients working for each year of the present biennium has been 60 men and 120 women.

The proceeds from sale of articles made by the patients from June 1, 1922 to May 31, 1924 was $4,[illegible]. This money is used only to purchase new materials. During this time 4055 articles were made for hospital use; also the following

	Pieces
Wood work	[illegible]
Embroidery	1700
Cord knotted	200
Baskets, reed and raffia	1085
Lamps, reed	24
Cradles, reed	10
Crochet - edges and insertions	580 yards
" wash cloths, etc.	397
Knitted	300
Sewing - carpet balls	1603
" night gown, dresses, aprons, etc.	2169
Weaving - rugs, table runners, scarfs, blankets, etc.	411

and miscellaneous Arts and Crafts too numerous to mention, yet which fill the needs for all types - from raveling burlap for our deteriorated patients to hand loom work, tapestry and leather tooling for the A. grades.

In addition to this the Flower Gardens have proven a field of usefulness in this department, serving to interest the patients and to divert their minds; the tilling of a plot of ground and sowing seeds has a decided therapeutic value in that it takes the patient out-doors, gives exercise and stimulates individual interest in this work. This continues with the maturing of the plant, the budding and blossoming of the flowers, also supplying emotional satisfaction. During 1921 a Forest Nursery was added to this department with much benefit in attracting the interest of patients and serving as a diversional out-door occupation.

Once a month each group of patients in this department takes part in a social afternoon, playing games, discussing present-day current events, marching and singing and enjoying refreshments.

DIVERSIONAL ACTIVITIES.

In our second biennial report we called attention to the employment in January 1916 of a Woman Physical Director, a graduate of the Savage School of Physical Education and experienced in playground work and calisthenics, for teaching the various corrective gymnastic exercises and games and folk-dances to the women patients. At that time the work was conducted for one hour periods twice a week; this was later increased to two hour periods and the men patients were given like diversions. During 1920 a full time Director, also a graduate of the Savage School, was employed. The present

director is a graduate of Temple University, Department of physical education, Philadelphia. Since March 1924, a second director, a graduate of Stroudsburg State Normal School, Department of physical education, was added to the department.

The scope of these activities has been enlarged particularly in the field of Music. In October 1928, through the efforts of Dr. William C. Sandy, Director of the Bureau of Mental Health, Department of Welfare, Mr. Willem Van de Wall, Director Committee for the Study of Music in Institutions of New York City was assigned to study and further the work of Musical Diversion among mental patients. As result of studies upon this subject, music has been combined with recreational activities such as marching, corrective gymnastics and drills, folk dances and games, as well as regular community-music meetings, covering the entire group of patients suitable to go to the auditorium, special groups of patients, special rehearsals, performances, social parties, etc. as may be required.

Patients are divided into three groups: First, the highest group, showing full cooperation with satisfactory efficiency and participation; Second, the medium group, showing some degree of cooperation and efficiency in participation; Third, the lowest group, indifferent, less responsive, dull and untrained. These groups are of standard units of approximately thirty patients each; they are considered as divisions of the institutional-wide organization for demonstration of large group activities. The work is planned on a forty-five minute period as follows: marching 2 minutes, music 10 minutes, corrective gymnastics and drills 18 minutes, folk dances and games, 15 minutes. Groups are made up by the physicians in charge of the wards and revised weekly in cooperation with the Supervisors, Charge Nurses, Occupational Director and Aides and the Directors of Diversional activities; Occupational Therapy patients are a part of these Recreational Activities.

The program of forty-five minutes allows for flexibility; a part of the time can be devoted to special activity as seems adapted to the group; for one-half of the time, however, the schedule is expected to be rigidly adhered to. For special programs such as dramatic performances, special holiday occasions, field-day demonstrations, etc., the number of rehearsals is increased according to the needs and requirements of the production.

Occupation,- no matter what its nature, combined with diversional activities, retards mental deterioration, brings about stability, and patients remain at a higher mental level particularly in cases of schizophrenia.

Once a month a conference is held with the Superintendent and Medical Staff, Director of Nurses, Assistants and Supervisors, Occupational Director and Aides, and Directors of Diversional Activities.

Aside from the organized recreational activities, we also have moving pictures and weekly dances for the patients. The moving

picture entertainments have been made even more interesting by the introduction of community-singing from the screen between the reels. Music in all its forms, moving pictures and dances afford the largest measure of pleasure for group diversion.

As a part of this subject, a Report by Mr. Willem Van de Wall, on Mus[illegible]l and Associated Activities at this hospital from January 29, 1923 to June 1, 1924, is submitted:

"Introduction of this work.

At the Allentown State Hospital equal attention is paid to the psysiological and the psychological treatment of mental diseases. In fact, any method promising relief and improvement to the mentally afflicted is welcomed and given a fair trial.

As a result of this humanitarian and progressive policy I was honored with an early invitation from the Superintendent, Dr. Henry I. Klopp, to present in theory and practice a musical program for Mental Hospitals to the Allentown Medical and other interested authorities.

This happy contact was established through the courtesy of Dr. William C. Sandy, Director of the B[illegible] Mental Health, Department of Welfare in co-operation with the [illegible]mittee for the Study of Music of New-York, of which organization the writer was [illegible] that time the field-director and is now a member.

In January 1925 the writer was permitted to demons[illegible]hods on the wards of the Hospital and to present a [illegible] special meeting theories and initial result[illegible] practice to a distinguished audience in th[illegible] Hospital.

The tenor of the address was a statem[illegible] on which a musical program for Ment[illegible] which the later musical activities [illegible] were built. It may be well the[illegible]

The mental patient is a victi[illegible] ties, not sufficiently funct[illegible]on mal individual.

[illegible] the

Music is an energy-act[illegible]ings to be moral forces to incre[illegible] possible. ous integration.

[illegible] meetings on alternating Musical activiti[illegible]sic-session each fortnight as a part of a[illegible] the hospital and two sessions port than in[illegible]icipant. ing and act[illegible]

detoriation and produce contentment and joy, ~~there~~ where resignation is the only hope left for peace in affliction.

Music was no new sound echoing within the Hospital. As a decided hospital activity however it needed extension and co-ordination with other business carried on.

Music and associated activities.

The term Music and associated activities implies:

1. the practice of music itself in the form of:
   a. vocal and instrumental exercises and performances.
   b. technical education in sightreading and music appreciation.
2. those activities built on identical principles as the musical arts and needing music as an essential detail of their carrying into effect, as:
   a. certain forms of gymnastics
   b. dance, play and drama
   c. ceremonies, celebrations, socials, etc.
3. those activities dealing with the theories and instruction in the theories of afore-mentioned arts, having as aim the advancement of the understanding and application of music and associated activities for directly medicals and socially reconstructive purposes in:
   a. experiment and research
   b. lecturing and teaching
   c. demonstration.

The musical activities therefore not only detail but integrate more or less intimately with certain phases of the physical, mental, moral and social re-educational work accomplished at the Hospital.

Until developments and conditions warrant the appointment of an institutional musical director, several details of the work as outlined may be carried on by those members of the Hospital-staff who are more or less acquainted with music and whose official duties involve to some extent the utilization of music, such as those workers who are engaged for physical and social re-educations.

Initial organization.

The most expedient set-up of musical activities proved in practice to be a simple beginning, utilizing facilities directly on hand. Hence, one weekly Community Song Meeting of one hour's duration was planned to take place in the auditorium. The aim was the building up of a program of simple folk- and popular songs to be sung and heard by the greatest number of patients possible.

Furthermore, it was decided ~~upon~~ to have 4 weekly song meetings on alternating wards. This schedule supplied one music-session each fortnight or 3 weeks for all the patients of the hospital and two sessions per week for every active participant.

Music then was introduced in every corner and nook of the hospital as an activity even for those patients, whose condition did not permit their leaving the wards.

Miss Helen Green, physical director of the hospital was given charge of these musical exercises in addition to her other duties.

2nd Extension of Musical Program

In line with the established policy of the promotion of music whenever possible, Mr. Horace Cooper, steward, and Mr. Albert Byrne, supervisor of men's service, organized April 19, 1923, a Hospital Patients Band, which since its organization has functioned in all ceremonies and occasions and is the pride of the hospital. Much of its success is due to the unbiased and faithful direction of Mr. Joseph Smith, musical director of Allentown, Pa., who 3 times a week devotes 3 hours to individual practice and 1 hour to group-work of this unique ensemble.

The 4th of July 1923 was officially celebrated by an institution wide out-of-doors party or picnic, in which the newly organized Hospital Patients Band and Community Chorus played a conspicuous part.

1st of November 1923, through the courtesy of the Committee for the study of Music in Institutions, co-operating with the Pennsylvania Department of Welfare, the writer was assigned to the Allentown State Hospital in conjunction with other duties for the Department elsewhere in the State, to act as adviser on musical and associated institutional activities then existing and to be organized in the future.

3rd Extension of Musical Program.

The number of meetings in which music was utilized was extended from 5 to 17 weekly, of which nine were held on the wards by the writer and 6 were organized as social parties under the leadership of the physical director and the writer.

Two meetings were held at the Auditorium, of which one was a weekly Community Song Meeting and the second was consisted of a Motion Picture Performance to which a song program was added.

The social parties were organized with the aim of reaching 3 types of patients:

1. the momentuous unsocial who might revert.
2. the wavering type, socially on the fence
3. the decidedly social type,

by means of music, dances, recitations, individual contributions, games, conversations, debates and a minimum quantum of refreshments. The purpose was to arouse their desire to participate in social entertainment and create thereby a sense of well being.

Music, and associated activities, was lectured upon by the writer to the students of the Nurses Training School as a helpful agent in Mental Nursing.

From January 1st 1924 on, writer held two weekly sessions on this subject with the Junior and ~~with the~~ Senior classes of which one session was devoted to the theory and 8 to its application on the wards.

The purpose of this course was;

To reach out to the nurse-in-training, to give her a deep and broad vision on her vocation, to make her acquainted with simple practical devices to interest the patients. To teach how to draw by this method on the normal, the positive powers of the patients with the understanding of the underlying psychology. To draw on eventual capabilities of the student and finally to discover and develop future specialists in this line. To promote the human interest in the patient as a part of the professional attention and foster mutual more friendly and beneficial relations between nurses and nursed.

Special events.

Music and associated activities figured in the following events.

November
The visit of the Delegation of the Health Section of the League of Nations, which gave occasion for a Band and Chorus demonstration with Dr. Klopp and writer speaking on this subject.

December
A Christmas performance under the direction of the physical Director consisting of miscellaneous offerings of vocal and instrumental solo and group work, besides a short Christmas pageant presenting some dramatic elements.

Frebruary
The appearance of a sextet of instrumental and vocal patient performers before the Allentown Lions Club and speeches by that occasion on this and other subjects with a talk by writer on the economy of music in institution. A Pageant on Washington's Birthday, lead by the physical Director, assisted by writer, enlisting the musical, choreographic and theatrical powers of approximately 60 of the patients. Costumes, scenaries and light effects utilized.

March
Participation of a chorus of the Nurses Training School in a musical religious service at St. Paul's Reformed Church at Allentown.

4th Extension of the Musical Program.

In March a re-organization and extension of the physical re-education and also of the musical program was necessitated by the appointment of Miss Emma MacMahon of the Stroudsburg Normal School as additional physical director.
A new program was projected by the superintendent assisted by writer in which 66 weekly hours were allotted to the wards for a mixed program of gymnastics, play, song and dance, to which were added the weekly communal singing, the motion-picture meetings and the classes of the Nurses Training School the number of weekly hours in which music is utilized in the hospital service increased from 17 to 72.

Furthermore, the entire group of rhytmically expressionistic activities administratively annexed under a system of medical control, operating by a method of card-indexing and periodic staff conferences.

Special events in March

The training by writer of the Bethany Church Symphony Orchestra, by the voluntary co-operation of its members in a classical program for the Nurses Commencement to be held in May.

The examination of the Nurses Training School in the significance and practical application of Music and Associated Activities with the following results:

For Juniors was the highest mark 100, lowest 63, average 82.2%
For Seniors was the highest mark 100, lowest 57, average 79.%

April

A demonstration of recreational activities adapted to the needs of the Mental Hospital for the Conference on Municipal Recreation at Allentown under direction of Miss Emma MacMahon and writer, who also addressed the conference on the psychiatric aspects of recreational activities.

A Banquet and Minstrel Show, celebrating the first anniversary of the Band under the direction of Miss Helen Green and Messrs. Joseph Smith, director of the band, and Mr. Albert Evans, supervisor of men's service.

May

Nurses Class-night, prepared with assistance of writer.
Nurses Commencement. The Bethany Church Symphony Orchestra and a chorus from the Nurses Training School gave a classical program.
A Florence Nightingale Memorial Service, in the Bethany Evangelical Church at Allentown, nurses and orchestra performing a musical program, Dr. Hunt, the pastor, Dr. Klopp and writer speaking. Miss Williams, supervisor of Nurses made an address for Miss Murray, director of Nurses, who was prevent by illness.

Conclusion.

The many sided utilization of Music and Associated Activities for the sake of moral backing and re-education of mental hospital patients was the purpose of the initiation of such a program in the Allentown State Hospital. The growth of the work may be the test of its vitality and importance. Whatsoever has been accomplished in the period just described, the writer wishes most thankfully to attribute to the efforts and solid support of his musical co-workers, Miss Helen Green, Miss Emma MacMahon and Prof. Joseph Smith in particular and furthermore to the entire hospital staff headed by the Superintendent, for their generous and faithful co-operation.

Respectfully submitted,

Willem Van de Wall
Field Representative
Bureau of Mental Health
Department of Welfare
Commonwealth of

SOCIAL SERVICE

In October 1922, a Psychiatric Social Service department was organized in this hospital. The prime purpose was to make a systematic effort to rehabilitate the patient,- in other words, to get suitable patients out of the hospital and back to the community, so as to be able to relieve, in part at least, the crowding of the hospital; furthermore, releasing patients possibly earlier than otherwise and returning them to their respective communities under careful supervision, by investigating home conditions, possibilities for work, and other phases of rehabilitation.

Nominally this hospital has a district of twelve (12) counties. It, however, has patients under its care from twenty counties. The area to be covered is therefore large; many patients come from remote and inaccessible regions. The majority are admitted from the counties of Lehigh, Northampton, Berks, Carbon, Monroe, Bucks and Lackawanna counties,- and the larger number from Northampton and Lehigh counties; the latter therefore in the organisation of the work were favored with the major part of the social service activities. Northampton County averaged 47 on furlough; Lehigh, 45; the next highest being Berks, 19; Carbon 14 and Bucks 8; one of our remote counties, Bradford, having 12; the other counties ranged from 1 to 9. Patients residing in the cities of Allentown, Bethlehem and Easton also in some of the adjoining towns were reached by electric service; those in outlying rural districts away from trolley service of main streets of the villages were reached by auto.

Contact was also made with Social Agencies in the community from which the patients came or to which plans were being made to send them. In some ~~instances histories~~ were obtained from these agencies, for diagnostic purposes. Under the Mental Health Act approved July 11, 1923, the period of service during which active contact is kept with the patients is one year. Patients, in cases where it seems desirable for their own good, are requested to return to the hospital and by remaining over night this period is extended for another year.

Previous to the organisation of the Social Service and in accordance with the Act of 1883, patients were granted a furlough for two months ~~and~~ which could be renewed by obtaining a monthly report. This was done by either having the patient come to the hospital and interviewing the physician of the respective service, or through correspondence with those living at a distance from the institution. The relatives were instructed to write us monthly following the removal of the patient; although some failed to do this after a lapse of from three to six months, others were faithful and continued to report for a period of from one to two years. The average case was discharged from the records at the end of one year,-occasionally others at the end of two years.

A study of our furloughed cases shows there was a steady increase in the average number on furlough; from 36.14 in 1914 to 103.04 in 1922, 125.81 in 1923, for the year ended May 31, 1924, 170.70.

While social service was a factor in the increased number of patients furloughed, it cannot be said that the increase in furloughed cases is solely due to the social service department. It has always been the custom of the Medical Staff to take an interest in the removal of patients from the hospital, either as result of probable recovery or improvement, as in prolonged cases; the latter manifesting no definite mental symptoms which would make them dangerous to themselves or others. The patients are presented at Medical Staff conference for examination and consideration; this also applies where there has been urgent request on the part of relatives for the removal of a patient. Social service has a definite place in obtaining histories, in investigating home conditions and environment, in bringing about readjustment and confidence in accepting the returned patient, finding positions and boarding houses, a large part of the work is visiting the patients in their homes. We are planning further extension of social service work. From this standpoint, the patient's needs, both medical and social, were met by the following type of service rendered:

	Male	Female	Total
Medical			
Medical Histories	51	41	92
Report of Home Conditions	114	90	204
Medical Assistance	19	21	40
Report of Patients' condition	187	116	303
Advice	34	23	57
Advice to Relatives	2	1	3
Personal Adjustment	2	3	5
Social			
Environment Adjustment	29	24	53
Industrial Adjustment	25	8	33
Miscellaneous Adjustment	3	0	3
Personal Adjustment	16	6	22
Supervision	129	140	269
Family Assistance	26	19	45
Legal Assistance	7	6	13
Study Training	5	2	7
Connecting Agency	17	10	27

In addition to the foregoing, we hope to do more follow-up work in connection with our Mental Clinic work, particularly with the juvenile cases, and especially the "problem" children. It is our opinion that better and more prompt results will be brought about by follow-up work of mental clinic out-patient cases. A survey has been made of the "Clinic Work in its Relation to Children", at the request of the Joint Committee on Delinquency of the Commonwealth Fund of New York City. This study brings out the need of more social work and routine follow-up in connection with our mental clinic cases. An analysis of the work done in accordance with a statistical outline furnished by the above-named organization is herewith submitted:

Total number of patients	284
" " children	187
" " school children	175
" " pre-school children	12
" " male children	99
" " female children	88
" " adults	97
Consultation Service Rendered	187
Clinic Treatment	24
Advisory	2
Cooperative	31
Follow-Up	1

Sources from which children were referred:

Public Health Nurse	19
Probation Officer	11
Physician	9
School Nurse	36
Teacher	20
Interested Friends	3
Relatives	5
Family Agencies	8
Community Center	2
Social Service League	29
Red Cross	7

We desire to compliment the judges of Lehigh County on their broad vision in accepting the provisions of the Mental Health Act #414, Section 309, which provides for the "Admission to a Hospital for Mental Diseases for observation, diagnosis and treatment." Since January 16, 1924, nine (9) cases including juvenile and adult, presenting contact problems of an anti-social nature, were committed for observation, study and recommendation. These cases involved personality studies, requiring examinations and investigations of a highly intensive and specialized type. Full reports of the mental and physical examinations and social service histories, combined with a survey letter of the case with recommendations, were transmitted to the court at the end of thirty days; in each instance, with one exception, our recommendations were followed. We are satisfied that the hospital serves a definite function in connection with delinquent juvenile offenders and that ~~xxxxxxxxx~~ District Attorneys as well as other members of the legal profession and our Courts should recognize that individuals with anti-social problems are to be met with in a different way than by merely committing them to reformatories; the latter are often by lack of psychiatric classification, conducive to develop criminality. Our penal system can be much improved by bringing the psychiatric view point to the convictions of our penitentiaries. We hope other Courts within our hospital district will follow the lead of our learned and progressive President of Lehigh County Court.

With the organization of the Social Service department, the Director,- Mrs. Florence M. Goldman, recognized that the needs of the community were four: (1) Education as to the cause, treatment and prevention of mental diseases; (2) Widened sense of responsibility towards the mentally handicapped; (3) Instructions to individuals and agencies as to the care and treatment of nervous and mental patients, (4) Wider use of the mental clinics, better supervision, and a more systematic routine. The first need was met by the organization of a group of members of various professions and lay people into what is now known as "The Mental Health Conference of the Lehigh Valley." It had its inception at an informal meeting of Social Workers of the community in December, 1922, held at the Allentown State Hospital, at the invitation of the Social Service Director. Monthly meetings are held at which time a lecture on some phase of "Mental Health" is given by speakers from local and other places; among the speakers the organization has had were such well known men as Dr. Leopold, Psychiatrist of the Municipal Court of Philadelphia; Dr. Elton B. Mayo, of the Institutional Research Department, University of Pennsylvania; Dr. Leonard Blumgart, Psychoanalist of New York City; Dr. Maxfield of the State Department of Public Instruction, Harrisburg.

NURSES TRAINING SCHOOL

It has been a satisfaction to the management that the Training School for Nurses of the Allentown State Hospital has each year since its organization in 1913 been reported as being on the accredited list of the State Board of Examiners for Registration of Nurses. After giving careful consideration to the data relating to the educational, living and working conditions of the students, conscientious effort has at all times been made to follow the curriculum as laid down by the Pennsylvania State Board, particularly in the giving of theory and clinical work, as well as minimum hours.

It has been a struggle since 1917 to meet all the required standards, nevertheless, each year we have put forth renewed efforts,- which can best be expressed in the statement of the Board itself, viz., "The Pennsylvania State Board appreciates the efforts which have been made to maintain standards in your institution and they hope for your continued cooperation in the future." We have recognized our short comings and in this respect have suffered, as unfortunately have our patients, equally with the General Hospitals. It has been exceedingly difficult to obtain the required number of student nurses to conform to the minimum educational standard and age.

One of our difficulties has been the lack of an adequate Graduate Supervisory Staff, in a large measure due for a time to small classes and the inability to sufficiently compensate Graduate Nurses to retain them,- opportunities for larger pay being greater elsewhere. We have, however, succeeded in adding to our force a full-time Instructor of Nurses and two additional Supervising Nurses. We found

this materially improved the Training School. We have also noted that within this biennium applicants for student nurses are of a higher grade and that the number is increasing. We therefore feel encouraged that in due time we will be able to increase our present recognized standard.

We have also conformed to the curriculum of the American Psychiatric Association for Nurses Training Schools in Mental Hospitals, and have been placed upon its accredited list. What we are aiming to do at the present time, in addition to conforming to the requirements of the curriculum of the State Board and the American Psychiatric Association, is to increase the nursing personnel of the hospital; to provide Attendants for women's wards to relieve the nurses of routine household duties; to provide an adequate Supervisory Staff so that supervision of nursing care by graduate nurses be extended not only as far as the women's wards are concerned, but also to those of the men's service. Great credit is due the present Director of the Training School, Miss Mary H. Murray, for untiring efforts in not only maintaining the required curriculum but also in improving the standard, including the morale, social and recreational activities of the school.

This school has an affiliation with the Allentown General Hospital whereby our nurses go to that school for one year for nursing in surgery, obstetrics, pediatrics, communicable diseases, social service and public health work, in this way conforming to the requirements of the State Board of Examiners for Registration of Nurses. During 1921 - 1922 we had a reciprocity affiliation with the Allentown General Hospital whereby there was an exchange of nurses between the two schools; their students coming to our hospital for "mental" nursing and special subjects such as psychiatry, hydrotherapy, X-ray, electrotherapy and occupational therapy; all class work being coordinated between the schools. The latter was discontinued during 1923, and will again be resumed in September of this year. We consider this an advance from the Nurses Training School standpoint. There is every proof that the General Hospital nurses will have definite advantage by additional training in mental nursing. We are pleased to report that the Senior Classes of St. Luke's Hospital of Bethlehem and the Sacred Heart Hospital of Allentown come to this institution for lectures on Mental Diseases and Psychology, and for observation of clinical cases; the lectures were given by Dr. Harry F. Hoffman, the Assistant Superintendent.

The class of 1923 had ten graduates; the 1924 class consisting of eleven was graduated May 14, 1924; eleven are prospective graduates - 1925, and thirteen are registered in the 1926 class.

One acquisition to our Training School faculty has been the services of Mr. Willem Van de Wall, Field Representative of the Department of Welfare, and who has been giving lectures to the Senior and Junior classes upon the subjects of Music and Associated Institutional Activities." This is a help in giving them a larger psychological and sociological viewpoint in the care and treatment of patients particularly as regards diversional activities.

It has been our desire and intention to organize a one year's Attendants' Course for Men Attendant Students. The great trouble has been retaining men attendants in continuous service; the big problem therefore to be solved, is how to retain suitable men. It is poor economy to have a steady stream of employees coming and going. This is costly and not conducive to the best care of our patients. There is still a great drift of men from one institution to another, one industry to another. This means waste of time and loss of men as well as lessened efficiency. Although Men Attendants wages have been increased 100 per cent and more since the war they are not compensated in comparison with the wages paid workers at local industries. One solution of this problem might be, if sufficient men could be secured who have taken a course and qualify as licensed attendants, who would be paid a living wage sufficient to maintain a family respectably, either in cottages or apartments provided when possible by the institution or locally in proximity to the hospital.

LIBRARY

As a part of Diversional Activities, reading books from our General Library is encouraged. The number of books in circulation varies from year to year in accordance with the encouragement the patients receive from those in charge of the diversional activities, as well as supervisors, nurses and attendants. The library has gradually extended from 502 books in 1913 to 1718 volumes at the present time, the variety as found in any average general library. The average circulation per week is: 30 books by men patients, 50 by women and 50 by employees or a total average per week of 130 books. Second-hand magazines and news-print are distributed to all wards and detached buildings as well as to farm colonies for the use of patients, as soon as received by donation.

The Medical Library has 1091 volumes under the following divisions: Materia Medica 20, Nurses and rental 100, Psychology and Psychotherapy 23, Diagnosis 32, Medicine and Therapeutics 139, Surgery 68, Special Therapy 17, Specialties 505, Miscellaneous 160, Nursing 69.

EX-SERVICE PATIENTS

This institution was selected by the U. S. Public Health Service as one of the three contract Mental Hospitals in Pennsylvania for Ex-Service Patients. There are 54 Ex-Service Men in the institution at present, 22 maintained by the Veterans' Bureau. We are much indebted to the American Legion and the Veterans of Foreign Wars for their untiring interest in these patients. They have provided musical, dramatic and vaudeville entertainments for them. The concerts given by Band Organizations and others were much enjoyed. We are

particularly grateful for this generous, unselfish spirit of service rendered these Ex-Service Patients, and all others were permitted to attend. After each program these men were given every opportunity to visit with members of the organizations, the latter each time providing refreshments for them.

MOVEMENT OF POPULATION

The movement of the patient population within the hospital biennium ended May 31, 1924 was as follows: On June 1, 1922 there remained on the books of the institution 1308 patients,- 650 men and 658 women, under care and treatment and including those absent on furlough. Within the period of the biennium 828 cases, 427 men and 401 women were admitted. The total number therefore under treatment for the biennium was 2136, 1077 men and 1059 women. Of the 828 admitted, 679 were first admissions, 60 voluntary admissions, 125 readmissions and 14 transfers from other institutions. The daily average number of all patients actually in the institution within the biennium was 1216, 587 men and 629 women. 416 persons were given advice in outpatient clinics.

The total discharges, including transfers and deaths, within the biennial period were 736, 376 men and 360 women; of this number 60 were recorded as recovered, 175 improved, 53 unimproved, 15 without psychosis, 123 transferred to other institutions for mental diseases and 290 died. In addition to the 726 direct discharges, 196 patients appeared on our books as connected although absent from the hospital on furlough. At the end of the hospital biennium May 31, 1924, there remained on the books of the institution 1400 patients, 701 men and 699 women.

The average age of all admissions was 44 years. Of the first admissions; 7 were under 15 years of age; 47 between 15 and 19 years; 48 between 20 and 24 years; 66 between 25 and 29 years; 88 between 30 and 34 years; 79 between 35 and 39 years; 64 between 40 and 44 years; 77 between 45 and 49 years; 51 between 50 and 54; 35 between 55 and 59 years; 38 between 60 and 64 years; 27 between 65 and 69 years; 52 were 70 years and over.

Of the 290 deaths, the average age was 53; 56 were 70 years and over; 48 were between 60 and 69; 58 between 50 and 59 years; 47 between 40 and 49 years; the remainder were distributed between 15 and 39 years. The percentage of deaths on the whole number treated was 13 1/2; 55 died from General Paralysis; 43 with Arteriosclerosis; 35 Senile Psychoses with complicating physical ailments; 35 Tuberculosis of the lungs. Of those who died 66 were in the hospital less than one month; 42 one to three months. The majority of these were either moribund at the time of admission or gave evidence of advanced physical or mental disease or both. At the other extreme, 12 of the patients who died had been in the hospital 20 years or over.

TEN YEAR POLICY

It has been a satisfaction to carry out a ten year policy commencing with the organization of the hospital in 1912. A new program has been outlined which will cover not only a second ten year period but very likely twenty-five years, this depending in a large measure upon the financial ability of the legislature to make Special Appropriations to carry out a Developmental and Expansion Policy.

The question as to what extent the Allentown State Hospital should develop is one that is dependent upon the growth of population and the requirements of this particular district, more especially the Lehigh Valley. The institution is located in a thriving and yearly increasing population of the cities of Allentown, Bethlehem and Easton, as well as other municipalities, in this valley. This makes it apparent that the hospital must grow with the increase in population. Our first duty in new construction and expansion work is to complete our Psychiatric Reception Unit by the addition of a Clinico-Pathological Laboratory, and a Convalescent Building for both sexes; with accommodations for physicians, a pathologist, a [illegible] a clerical force to man this division. The establishment of a Psychiatric Unit for treatment, research and teaching purposes is of the [illegible]most importance in maintaining a Class - Mental Hospital.

We need most urgently at the present time additional homes for pupil nurses, men attendants, and employees; also cottages for the medical staff, married officers and employees; and a Superintendent's residence. With the increase in patient population, the enlarged scope of work, the subsequent new positions and additions to the personnel under these positions, the hospital has become over crowded and some of our employees are housed in poorly lighted and ventilated double dormer rooms. This causes constant dissatisfaction and turn over in the personnel. In some instances it has been necessary to pay increased salaries and have employees otherwise accommodated in the Administration building, live in the city of Allentown. The overflow of pupil nurses and men attendants are housed in five and seventeen-bed capacity dormitories; the latter space could be more comfortably utilized for patients, thus increasing our bed capacity for such purpose. The addition of a Nurses Home with single rooms would be more conducive to retaining our pupil nurses, and thereby increase the standard and morale of the Training School. In order to conform to the standard of Class A Mental Hospitals,- as provided for by the American Psychiatric Association, it will be necessary to increase our staff of nurses from the ratio which we have hoped to maintain,- 1 to 12 to 1 to 8. We have not succeeded in doing so since 1917, more often the ratio has been as low as 1 to 20 and recently 1 to 14.

Our Medical Staff is not adequately housed, particularly those members who are married and have families. They should be provided with cottage accommodations, with sufficient salary to maintain themselves and their families in a respectable manner. Single physicians should have suites of at least two [illegible]

physicians,- for example, have only single rooms with a common sitting room and general bath room. There should be cottages for officers and married employees, and as already implied accommodations for married attendants with sufficient salary to maintain themselves and family without the wife necessarily being required also to be a wage earner. A residence provided for the Superintendent would permit him privacy and recuperation from the daily grind of the hospital, and would provide additional accommodations for the medical staff. With the increased ratio as provided by the American Psychiatric Association, namely, "That the general staff of resident physicians consist of 1 to 40 patients on admission service and 1 to 150 in general," additional accommodations must be provided for.

The question of expansion of the hospital is one for serious consideration. It has been our viewpoint for years that smaller units serve the best purpose as regards individual care and treatment of patients,- say 1200 bed capacity. The larger the unit the more danger there is that patients will be cared for upon the "herd" plan rather than as individuals. We recognize that the number stated cannot be adhered to, and we are in full accord with the idea of planning this hospital upon a 2000 bed population basis which is in some states today considered as the maximum capacity of any State Hospital. We believe that the population growth of the Lehigh Valley will make it eventually necessary to exceed this number. This can be done by retaining the original hospital as a parent admission institution. The growth and future development for the next ten years to be upon Colony basis at Weaversville, to which allusion has been made; later within a twenty-five year period or even longer, at this same locality, there can eventually develop a growth upon an institutional basis of from 500 to 1000 beds.

The features of the location of Farm Colonies Nos. 1 and 2 are its accessibility by good macadam and concrete roads, Weaversville being in a direct radius from the centres of rapidly increasing population,- the cities of Easton, Bethlehem, Allentown, Catasauqua, Northampton, Bath, Nazareth, Pen Argyl, Bangor, and Portland. It is also accessible to the Northampton and Bath Railroad which skirts one of the farms, and even more important is the fact that it is only 2½ miles from the main lines of the Lehigh Valley and the Central Railroad of New Jersey, at Northampton. Other desirable features of this location are the possibility of increasing the agricultural activities by the addition of farms for colony purposes, to the extent of fully 1000 acres. The Colony idea is favorably commented upon in Mr. Henry C. Wright's report, "A Survey of the Fiscal Policies of the State of Pennsylvania as Related to Charitable Institutions and Hospitals for the Citizens' Committee on Finances of Pennsylvania" ,- section 8, page 34 .

Another factor, is the possible purchase of properties as they may become available in the village of Weaversville adjacent to our present State Farm Colonies 1 and 2, so that eventually the hamlet may become a part of the colony project for use of employees, and especially for the accommodation of patients,- similar to the [illegible]
system of [illegible]